Fill in this i	information to	identify you	r case an	d this filing:						
Debtor 1	Joh	nny	D		Franklin					
		Name	Middle	Name	Last Name		_			
Debtor 2	Lak	etra	М		Franklin					
(Spouse, if f	:::	Name	Middle	Name	Last Name					
United Cta	to a Donley into	. Carret fan tha		Southern	District of	Mississippi				
	tes Bankruptcy	Court for the:		Ocument	Blother of	Міззіззіррі	•		Check if this i	e an
Case numb	ber								amended filin	
<u>Official</u>	Form 10	<u>6A/B</u>								
Sched	dule A/	B: Pro	pert	y					1	2/15
equally res	ponsible for pages, write	supplying your name	correct in and case	nformation. e number (i	ete and accurate as . If more space is no f known). Answer e g, Land, or Other	eeded, attach a very question.	separat	te sheet to this f	orm. On the top o	
	es. Where is th			Manufactured or mobile home				Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i>		
1.1	Homestead Street address	s, if available,	or other					Creditors Who Have Claims Secured by Property.		
	description  935 Jeffers		or other					t value of the property?	Current value of the portion you own?	
	-			☐ Land ☐ Investm	nent property			\$190,000.00	\$190,000	.00
	Monticello City	MS 39654-9 State Z	9401 IP Code	☐ Timesh			(such a	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or		
	Lawrence				n interest in the prope	erty? Check one.	a life es	state), if known.		
	County				•	l another	☐ Che	eck if this is comn e instructions)	nunity property	
					rmation you wish to a lentification number:		n, such a	s local		
					your entries from Part				\$190,000	.00
Part 2:	Describ	oe Your Ve	hicles							
you own tha		e drives. If you	i lease a v	ehicle, also re	vehicles, whether the eport it on Schedule G:			•	s	

Official Form 106A/B Schedule A/B: Property page 1

☐ No ☑ Yes Debtor Franklin, Johnny D; Franklin, Laketra M Case number (if known) \_ 3.1 Chevrolet Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Malibu Creditors Who Have Claims Secured by Property. ☐ Debtor 2 only Model: Debtor 1 and Debtor 2 only Current value of the Current value of the 2014 ☐ At least one of the debtors and another Year: entire property? portion you own? 290001 ☐ Check if this is community property (see \$2,000.00 \$2,000.00 Approximate mileage: instructions) Other information: Source of Value: NADA If you own or have more than one, describe here: Chevrolet 3.2 Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Suburban Creditors Who Have Claims Secured by Property. ■ Debtor 2 only Model: ☑ Debtor 1 and Debtor 2 only Current value of the Current value of the 2021 ■ At least one of the debtors and another Year. entire property? portion you own? 81000 ☐ Check if this is community property (see \$46,925.00 \$46,925.00 Approximate mileage: instructions) Other information: Source of Value: NADA 3.3 Chevrolet Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put ■ Debtor 1 only the amount of any secured claims on Schedule D: Cruze Creditors Who Have Claims Secured by Property. ■ Debtor 2 only Model: ☑ Debtor 1 and Debtor 2 only Current value of the Current value of the 2015 ☐ At least one of the debtors and another Year. entire property? portion you own? 96000 ☐ Check if this is community property (see \$2,500.00 \$2,500.00 Approximate mileage: instructions) Other information: Source of Value: NADA Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **√** No ☐ Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 5. \$51,425.00 you have attached for Part 2. Write that number here

Official Form 106A/B Schedule A/B: Property page 2

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Describe Your Personal and Household Items

Part 3:

Do you own or have any legal or equitable

interest in any of the following items?

### 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 3 of 73

Case number (if known) \_

Debtor Franklin, Johnny D; Franklin, Laketra M

6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ■ No Yes. Describe. ...... \$2,300.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No Yes. Describe. ....... \$600.00 Collectibles of value 8. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **√** No Yes. Describe. ....... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No Yes. Describe. ...... \$130.00 Treadmill/work out equip 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **√** No Yes. Describe. ....... Clothes 11. Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ■ No Yes. Describe. ....... \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No Yes. Describe. ...... \$600.00 Non-farm animals Examples: Dogs, cats, birds, horses **√** No ☐ Yes. Describe. .......

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 4 of 73

Case number (if known)

Debtor Franklin, Johnny D; Franklin, Laketra M

14.	Any other personal and	d household items you did ı	not already list, including any health aids you did not list	
	☐ No			
	Yes. Give specific information	HHGS -collateral		\$700.00
		HHGS -collateral		
15.		•	rt 3, including any entries for pages you have attached	\$4,830.00
Pa	art 4: Describe Y	our Financial Assets		
Do y	ou own or have any lega	al or equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you h	have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
	☐ No ☑ Yes		Cash:	\$4,000.00
17.			ounts; certificates of deposit; shares in credit unions, brokerage houses, multiple accounts with the same institution, list each.	
	✓ Yes		Institution name:	
		17.1. Checking account:	Regions & Cash App	\$300.00
		17.2. Savings account:	Ferguson FCU	\$50.00
18.		or publicly traded stocks investment accounts with bro	okerage firms, money market accounts	
	<b>☑</b> No ☐ Yes			
19.	Non-publicly traded sto LLC, partnership, and j		prated and unincorporated businesses, including an interest in an	
	<b>☑</b> No			
	☐ Yes. Give specific information about them			
20.	Government and corpo	orate bonds and other nego	tiable and non-negotiable instruments	
			niers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
	<b>☑</b> No			
	Yes. Give specific information about them			

Case number (if known) \_

Debtor Franklin, Johnny D; Franklin, Laketra M

28.

Tax refunds owed to you

21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ✓ Yes. List each account separately. Type of account: Institution name: Retirement account: 401k & Pension - Debtors claim FMV \$55,220.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or **√** No ☐ Yes ..... Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **√** No ☐ Yes ..... Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **√** No ☐ Yes ..... Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **√** No ☐ Yes. Give specific information about them. ... Patents, copyrights, trademarks, trade secrets, and other intellectual property 26. Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **√** No ☐ Yes. Give specific information about them. ... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **√** No ☐ Yes. Give specific information about them. ... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions.

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 6 of 73

Case number (if known)

Debtor Franklin, Johnny D; Franklin, Laketra M

	☐ No			
	Yes. Give specific information about them, including whether you already filed the returns and the tax years	Federal: \$5,000 per individual Earned Income: \$5,000 per individual	Federal: State:	\$20,000.00 \$10,000.00
		State: \$5,000 per type / per individual	Local:	
29.	Family support			
	Examples: Past due or lump sum alimor settlement	ny, spousal support, child support, maintenance, divorce so	ettlement, property	
	<b>☑</b> No			
	Yes. Give specific information			
30.	Other amounts someone owes you			
		rance payments, disability benefits, sick pay, vacation pay aid loans you made to someone else	, workers' compensation,	
	<b>☑</b> No			
	☐ Yes. Give specific information			
31.	Interests in insurance policies			
	Examples: Health, disability, or life insur-	ance; health savings account (HSA); credit, homeowner's,	or renter's insurance	
	<b>☑</b> No			
	Yes. Name the insurance company of each policy and list its value.			
32.	Any interest in property that is due yo	u from someone who has died		
	If you are the beneficiary of a living trust, property because someone has died.	expect proceeds from a life insurance policy, or are currer	ntly entitled to receive	
	<b>☑</b> No			
	☐ Yes. Give specific information			
33.	Claims against third parties, whether of	or not you have filed a lawsuit or made a demand for p	ayment	
	Examples: Accidents, employment dispu	utes, insurance claims, or rights to sue		
	☐ No			
	√ Yes. Describe each claim	Pending case against Allstate Insurance / roof Law Firm 601-401-4424	coverage -Stubbs	unknown
34.	Other contingent and unliquidated cla	ms of every nature, including counterclaims of the de	btor and rights to set off	
	☐ No			
	✓ Yes. Describe each claim	Potential Pre-Petition and Post Petition Claims	3	
		Debtor retains and reserves for the debtor and		
		pre-petition and post-petition claims that could against any party or entity arising or related to		\$0.00
		statute or common law. Any funds received fro	=	
		be used in part to fund the plan as confirmed.		
35.	Any financial assets you did not alread	dy list		
	<b>☑</b> No			
	☐ Yes. Give specific information			

Case number (if known) \_

Debtor Franklin, Johnny D; Franklin, Laketra M

Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$89,570.00 for Part 4. Write that number here ..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Do you own or have any legal or equitable interest in any business-related property? ✓ No. Go to Part 6. Yes. Go to line 38. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$0.00 for Part 5. Write that number here ..... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ✓ No. Go to Part 7. Yes. Go to line 47. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here ..... Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No Yes. Give specific \$2,600.00 Wells Fargo garnishment information. ..... \$2,600.00 Add the dollar value of all of your entries from Part 7. Write that number here ..... Part 8: List the Totals of Each Part of this Form \$190,000.00 Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 \$51,425.00 57. Part 3: Total personal and household items, line 15 \$4,830.00 58. Part 4: Total financial assets, line 36 \$89,570.00 Part 5: Total business-related property, line 45 59 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$2,600.00

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 8 of 73

Debto	Franklin, Johnny D; Franklin, Laketra M		Case number (if known)	
62.	Total personal property. Add lines 56 through 61	\$148,425.00	Copy personal property total	+ \$148,425.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$338,425.00

	irst Name	Middle Name	Last Name		<del>-</del>	
Debtor 2						
JODIOI Z	_aketra	M	Franklin			
Spouse, if filing) Fi	irst Name	Middle Name	Last Name		_	
United States Banl	kruptcy Court fo	or the: South	District o	f Mississippi		
if known)						Check if this is ar amended filing
	1060					_
fficial Form 1	11/11/1/					

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1:	dentify the Property You	ı Claim as Exempt						
1.	☑ You are	of exemptions are you claim claiming state and federal nor claiming federal exemptions.	nbankruptcy exemptions. 1	•					
2.	For any pro	perty you list on Schedule	A/B that you claim as exe	mpt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		ount of the exemption you claim eck only one box for each exemption	Specific laws that allow exemption			
			Copy the value from Schedule A/B	One	sek only one box for each exemption				
	Brief description:	Homestead 935 Jefferson St S Monticello, MS 39654-9401	\$190,000.00	₫	\$15,000.00	Miss. Code Ann. § 85-3-21			
	Line from Schedule A	<sub>/B:</sub> <b>1.1</b>			100% of fair market value, up to any applicable statutory limit				
3.	Schedule A/B: any applicable statutory limit								

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 10 of 73

Debtor 1 Johnny D Franklin Case number (if known)

Debtor 2 Laketra M Franklin

First Name Middle Name Last Name

Part 2: Add	ditional Page				
· ·	on of the property and ule A/B that lists this	Current value of the portion you own  Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	2014 Chevrolet	\$2,000.00			
docompuori.	Malibu			\$0.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B:	3.1			100% of fair market value, up to any applicable statutory limit	_
Brief description:	2021 Chevrolet Suburban	\$46,925.00	<b>4</b>	\$0.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B:	3.2			100% of fair market value, up to any applicable statutory limit	miss. code Aim. g co o I(u)
Brief description:	2015 Chevrolet Cruze	\$2,500.00	<b>4</b>	\$2.500.00	Mice Code Ann S 05 2 4(c)
Line from Schedule A/B:	3.3			\$2,500.00  100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
Brief description:	Household goods	\$2,300.00	<b>4</b>	\$2,300.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B:	6			100% of fair market value, up to any applicable statutory limit	
Brief description:	Electronics	\$600.00	<b>4</b>	\$600.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	
Brief	Treadmill/work out	\$130.00			
description:	equip		<b>√</b>	\$130.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B:	9			100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothes	\$500.00	<b>4</b>	\$500.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	

 Debtor 1
 Johnny
 D
 Franklin
 Case number (if known)

 Debtor 2
 Laketra
 M
 Franklin

 First Name
 Middle Name
 Last Name

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
Brief description: Line from	Jewelry	\$600.00	<b>4</b>	\$600.00 100% of fair market value, up to	Miss. Code Ann. § 85-3-1(a)	
Schedule A/B:	12			any applicable statutory limit		
Brief description:	HHGS -collateral	\$200.00	<b>A</b>	\$0.00	Miss. Code Ann. § 85-3-1(a)	
Line from Schedule A/B:	14			100% of fair market value, up to any applicable statutory limit		
Brief description:	Cash	\$4,000.00	<b>√</b>	\$4,000.00	Miss. Code Ann. § 85-3-1(a)	
Line from Schedule A/B:	16			100% of fair market value, up to any applicable statutory limit		
Brief	401k & Pension -	\$55,220.00				
description:	Debtors claim FMV			\$55,220.00	Miss. Code Ann. § 85-3-1(e)	
Line from Schedule A/B:	21			100% of fair market value, up to any applicable statutory limit		
Brief description:	Federal: \$5,000 per individual Earned	\$20,000.00	<b>4</b>	\$10,000.00	Miss. Code Ann. § 85-3-1(j)	
	Income: \$5,000 per individual			100% of fair market value, up to any applicable statutory limit		
	Federal tax			\$10,000.00	Miss. Code Ann. § 85-3-1(i)	
Line from Schedule A/B:	28			100% of fair market value, up to any applicable statutory limit		
Brief description:	State: \$5,000 per type / per individual	\$10,000.00				
	State tax			\$10,000.00	Miss. Code Ann. § 85-3-1(k)	
Line from Schedule A/B:	28			100% of fair market value, up to any applicable statutory limit		

Fill in this inform	ation to identify you	r case:							
Debtor 1	Johnny	D		Franklin					
	First Name	Middle	Name	Last Name					
Debtor 2	Laketra	м		Franklin					
(Spouse, if filing)	First Name	Middle	Name	Last Name					
					Missississi				
United States E	Bankruptcy Court for	the:	Southern	District of	Mississippi				
Case number (i	f							Charlett	this is an
known)								amende	this is an d filing
Official Form	~ 106D								Ü
Official Forn									
Schedu	le D: Cre	ditors	s Who	Have Clai	ims Sec	ured k	ру Р	roperty	12/15
more space is ne	eeded, copy the Ac	dditional Pa						supplying correct info	
	number (if known).								
	itors have claims	•	, ,						
_	ck this box and subn n all of the informati		to the court wi	th your other schedule	es. You have noth	ing else to re	port on t	his form.	
Yes. Fill I	n all of the informati	on below.							
Part 1:	ist All Secured	Claims							
2. List all sec	ured claims. If a cr	editor has m	ore than one s	secured claim, list the	creditor	Column A		Column B	Column C
separately f	or each claim. If mo	re than one	creditor has a	particular claim, list tl	he other	Amount of	claim	Value of collateral	Unsecured
creditors in creditor's na		possible, lis	t the claims in	alphabetical order ac	cording to the	Do not deduct		that supports this claim	portion
	ario.					value of collat	eral.	Ciuiiii	If any
2.1 AMERIS	AVE MTG CORP	/DOV	Describe the	property that secui	res the claim:	\$175,0	00.00	\$190,000.00	\$0.00
Creditor's N	Name		Homestea	d					
	ORATE DR STE 3	360	935 Jefferson	n St S Monticello, MS 39	9654-9401				
Number	Street		As of the da	te you file, the claim	is: Check all tha	t apply.			
			☐ Continge	•					
	JRICH, IL 60047		☐ Unliquida						
City	State	ZIP Code	Disputed						
Who owes	the debt? Check of	one.	Nature of lie	n. Check all that appl	y.				
Debtor	•		_	ment you made (such		secured car lo	an)		
Debtor	•		_	lien (such as tax lien,	mechanic's lien)				
	1 and Debtor 2 only	•		t lien from a lawsuit					
anothe			Other (incomplete)	cluding a right to	First Mortga	ge on home	or pro	pperty	
	if this claim relate unity debt	s to a							
Date debt	was incurred 11	/10/2021	Last 4 digits	of account number	2 9 9	6			

\$175,000.00

Add the dollar value of your entries in Column A on this page. Write that number here:

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 13 of 73

Deptor 1	Johnny	D		Franklin	Case i	Case number (if known)				
Debtor 2	Laketra	М		Franklin						
	First Name	Middle N	lame	Last Name						
Part 1	Additional Pag  After listing any followed by 2.4,	entries on th		number them beginning w	rith 2.3,	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2 OI	NEMAIN		Descri	pe the property that secur	es the claim:	\$8,857.00	\$2,200.00	\$6,657.00		
	editor's Name D BOX 1010		2014	Chevrolet Malibu HHGS	S -collateral					
EV City		ZIP Code	Cor			t apply.				
<b>A</b>	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of the debtor another	only	Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)  Non-purchase Money Security Interest							
_	Check if this claim relaced community debt to debt was incurred	4/19/2024	Last 4	digits of account number	2 1 0	_ 5				
	NC BANK		Descri	pe the property that secur	es the claim:	\$53,082.00	\$46,925.00	\$6,157.00		
	editor's Name  30 LIBERTY AVE		2021	Chevrolet Suburban						
	TTSBURGH, PA 1522 y State	22 ZIP Code	. 🔲 Cor	he date you file, the claim ntingent iquidated puted	is: Check all tha	it apply.				
Wh	o owes the debt? Chec	ck one.	Nature	of lien. Check all that apply	y.					
<b>A</b>	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of At least one of the debtor another	-	☐ Sta	agreement you made (such tutory lien (such as tax lien, gment lien from a lawsuit er (including a right to et)	mechanic's lien)	secured car loan)  Title secures this	debt_			
	Check if this claim rela		1 4	dinite of account more beau	4 0 0					
Dat	te debt was incurred	3/27/2021	Last 4	digits of account number	1 9 0	6				
Add	d the dollar value of yo	ur entries in	Column	A on this page. Write that	number here:	\$61,939.00				
	his is the last page of y ite that number here:	our form, add	d the doll	ar value totals from all pa	ges.					

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 5

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 14 of 73

Deptor 1	Johnny	U		Franklin	Case i	number (if known)		_				
Debtor 2	Laketra	М		Franklin								
	First Name	Middle N	ame	Last Name								
	I					Column A	Column B	Column C				
Part 1:	Additional Pa	ge				Amount of claim	Value of collateral	Unsecured				
rait i.	After listing any followed by 2.4			number them beginning w	vith 2.3,	Do not deduct the value of collateral.	that supports this claim	<b>portion</b> If any				
2.4 REGI	ONAL FINANCE		Descr	ibe the property that secu	res the claim:	\$8,325.00	\$500.00	\$7,825.00				
Creditor's Name 979 BATESVILLE RD STE B			HHG	HHGS -collateral								
Numbe	r Street			the date you file, the claim	is: Check all tha	t apply.						
GREE	R, SC 29651		_	liquidated								
City	State	ZIP Code	Dis	•								
Who o	wes the debt? Che	eck one.	Nature	e of lien. Check all that appl	y.							
<b>₫</b> Del	otor 1 only		☐ An	agreement you made (such	as mortgage or	secured car loan)						
☐ Del	otor 2 only		☐ Sta	atutory lien (such as tax lien,	mechanic's lien)							
☐ Del	otor 1 and Debtor 2	only	☐ Ju	dgment lien from a lawsuit								
	east one of the deb other	tors and		her (including a right to set)	-							
	eck if this claim re nmunity debt	lates to a										
Date de	ebt was incurred	1/17/2024	Last 4	digits of account number	8 7 9	0						
Add th	e dollar value of y	our entries in	Column	A on this page. Write that	number here:	\$8,325.00						
	s the last page of hat number here:	your form, add	the do	llar value totals from all pa	iges.	\$245,264.00						

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 15 of 73

otor 1	Johnny	D	Franklin	Case number (if known)
otor 2	Laketra	M	Franklin	
•	First Name	Middle Name	Last Name	
Part 2:	List Others to	Be Notified for a D	Debt That You Alrea	ady Listed
e this nage	only if you have	others to be notified	about your bankrunte	cy for a debt that you already listed in Part 1. For example, if a collection
ency is tryi	ng to collect fron	n you for a debt you o	we to someone else,	list the creditor in Part 1, and then list the collection agency here. Similarly
				Part 1, list the additional creditors here. If you do not have additional
_	e notified for any	debts in Part 1, do no	t fill out or submit thi	is page.
	Home Lending			On which line in Part 1 did you enter the creditor? 2.1
Name	ıntav Nations			Last 4 digits of account number
	uptcy Notices	202		<del>-</del>
Number	search Pkwy Street	te 303		
	en, CT 06450-83	42		
City	11, C1 00450-05	State	ZIP Code	<del>-</del>
<u>a</u>	Homo Londina			
Name	Home Lending			On which line in Part 1 did you enter the creditor? 2.1
	urel Park Cv Sto	e 207		Last 4 digits of account number
Number	Street	<del> </del>		
Flowo	od, MS 39232-80	 054		
City		State	ZIP Code	
コ				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
				Last 4 digits of account number
Number	Street			
				_
City		State	ZIP Code	
				On which the in Boot A distance out on the anaditor O
Name				On which line in Part 1 did you enter the creditor?
				Last 4 digits of account number
Number	Street			
City		Otat-	710.00-1-	
City		State	ZIP Code	
Nome				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	
]				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Ni san Is -	044			
Number	Street			
City		State	ZIP Code	
•				

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 16 of 73

Debtor 1		Johnny	D	Franklin	Case number (if known)
Debt	or 2	Laketra	М	Franklin	
		First Name	Middle Name	Last Name	
Р	art 2:	List Others to	Be Notified for a De	ebt That You Alrea	ady Listed - Additional Page
	l				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
					<u> </u>
	City		State	ZIP Code	_

								1		
Fill	in this inform	nation to identify your c	ase:							
De	ebtor 1	Johnny	D		Franklin					
		First Name	Middle N	ame	Last Name					
De	ebtor 2	Laketra	М		Franklin					
	oouse, if filing)		Middle N	ame	Last Name		_			
							National Construction			
Un	nited States E	Bankruptcy Court for th	e:	Southern	District o	"-	Mississippi			
Ca	ase number								<b>—</b>	
(if I	known)								Check if amende	this is an
								4	amenae	a iiii ig
Offi	icial Forr	<u>n 106E/F</u>								
Sc	chedu	le E/F: Cre	ditor	rs Who	have U	ns	secured Cla	aims		12/15
							claims and Part 2 for cre			
Form claim num	n 106A/B) ar ns that are li	nd on <i>Schedule G: Ex</i> isted in <i>Schedule D:</i> ies in the boxes on th	recutory C Creditors I	ontracts and Who Have Cl	Unexpired Leases aims Secured by F	s (Of Prop	elaim. Also list executory fficial Form 106G). Do no perty. If more space is no page. On the top of any a	ot include any creeded, copy the P	editors with par art you need, f	tially secured
		, _ist All of Your PRI	ORITY U	nsecured C	Claims					
1.	Do any cre	editors have priority u	ınsecured	claims again	nst you?					
	☐ No. Go	, ,		Ū	•					
	✓ Yes.									
2.	claim listed amounts. A	, identify what type of our second control is much as possible, list	claim it is. If at the claims	f a claim has l s in alphabetic	both priority and nor cal order according	nprio to th	ty unsecured claim, list th ority amounts, list that clai he creditor's name. If you he r claim, list the other credi	m here and show have more than two	ooth priority and	nonpriority
	(For an exp	lanation of each type of	of claim, se	e the instructi	ions for this form in	the i	nstruction booklet.)			
								Total claim	Priority amount	Nonpriority amount
2.1	IRS			l ast 4 dinit	s of account numb	ner		\$28,000.00	\$28,000.00	\$0.00
	1113	editor's Name		Last 4 uigit	or account num	J-C1		φ20,000.00	φ20,000.00	φυ.υυ
	•	zed Insolvency Ope	ration	When was	the debt incurred?	•	2021-2022			
		· ·	Talloll							
	Po Box 7			A a of the d	ata vau fila tha ala	.i i	in. Chapk all that apply			
	Number	Street			-	aim i	is: Check all that apply.			
		phia, PA 19101-734		☐ Continged						
	City	State Z	IP Code	Disputed						
	Who incur	red the debt? Check	one.	- Dispute	u					
	✓ Debtor	1 only		Type of PR	IORITY unsecured	clai	im:			
	Debtor	•			ic support obligation					
		1 and Debtor 2 only				-	ou owe the government			
		t one of the debtors an	d another		•	al inju	ury while you were intoxic	ated		
		if this claim is for a unity debt		Other. S	pecity			-		
		m subject to offset?								
	✓ No	m subject to onset?								
	JUN LINE									

☐ Yes

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 18 of 73

Deptor 1	Johnny	D	Franklin	Case number (if know	n)					
Debtor 2	Laketra	M	Franklin							
	First Name	Middle Nam	e Last Name							
D 14										
Part 1:	Your PRIORIT	Y Unsecured C	Claims — Continuation Page							
After listing	any entries on this	s page, number t	hem beginning with 2.3, followed	by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount			
2.2 MS De	ept of Revenue		Last 4 digits of account number		\$0.00	\$0.00	\$0.00			
Priority (	Creditor's Name		When was the debt incurred?							
Bankruptcy Department										
Ро Во	x 22808									
Number	Street		As of the date you file, the claim	is: Check all that apply.						
Jacks	on, MS 39225-28	308	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>							
City	State	ZIP Code	☐ Disputed							
Who in	curred the debt?	Check one.	_ '							
<b>₫</b> Deb	tor 1 only		Type of PRIORITY unsecured cla	aim:						
	tor 2 only		Domestic support obligations							
	tor 1 and Debtor 2		☐ Taxes and certain other debts							
	east one of the debt		Claims for death or personal in	njury while you were intoxicate	ed					
	ck if this claim is nmunity debt	for a	Other. Specify							
Is the c	laim subject to of	fset?								
<b>₫</b> No										
Yes										
2.3			Last 4 digits of account number							
Priority	Creditor's Name		-							
			When was the debt incurred?							
Number	Street									
			As of the date you file, the claim	is: Check all that apply.						
			☐ Contingent							
City	State	ZIP Code	☐ Unliquidated							
Who in	curred the debt?	Check one.	☐ Disputed							
Deb	tor 1 only		Type of PRIORITY unsecured cla	aim:						
	tor 2 only		☐ Domestic support obligations							
	tor 1 and Debtor 2	•	☐ Taxes and certain other debts	you owe the government						
	east one of the debt		Claims for death or personal ir	njury while you were intoxicate	ed					
_	ck if this claim is nmunity debt	for a	Other. Specify							
Is the c	laim subject to of	fset?								
☐ No										
□ Voc										

Official Form 106E/F

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 19 of 73

Debtor 1	Johnny	D	Fra	nklin	Case nu	mber	(if knov	vn)		
Debtor 2	Laketra	М	Frai	nklin						
	First Name	Middle Name	Last	Name						
Part 2:	List All of You	ir NONPRIORITY Un	secured	Claims						
3. Do ar	ny creditors have no	npriority unsecured cla	aims agai	nst you?						
□ N	o. You have nothing to	o report in this part. Subr	nit this for	m to the court wit	h your other schedu	ıles.				
<b>√</b> Ye	es									
4. List a	all of your nonpriorit	y unsecured claims in t	the alphal	betical order of	the creditor who he	olds e	ach c	laim. If a c	reditor has more t	han one
nonpr	riority unsecured clain	n, list the creditor separat	tely for ea	ch claim. For eac	h claim listed, identi	ify wha	at type	of claim it	is. Do not list clair	ms already
	ded in Part 1. If more t s fill out the Continuat	han one creditor holds a	particular	claim, list the oth	er creditors in Part	3.If yo	u have	e more tha	n three nonpriority	unsecured
Ciaiiii	s iiii out the Continuat	on rage or rait 2.								
										Total claim
4.1 1S1	T DIGITAL/SYNOV	JS/VT		Last 4 digits of	account number	4	2	5 0		\$266.00
Nonp	oriority Creditor's Nam	e		When was the	debt incurred?		11/29	8/2024		
PO	BOX 85650			Wilei Was the	acot mourea.	_	1 1/20	3/2024	-	
Num	ber Street									
					you file, the claim i	is: Ch	eck all	I that apply	•	
SIO	OUX FALLS, SD 57	118		<ul><li>Contingent</li><li>Unliquidated</li></ul>	1					
City	S	tate ZIF	Code	☐ Disputed	ı					
Who	incurred the debt?	Check one.								
<b>1</b>	Debtor 1 only				RIORITY unsecured	d clair	n:			
	Debtor 2 only			Student loar						
_	Debtor 1 and Debtor 2			priority claim	arising out of a sepa	aration	agree	ement or di	vorce that you did	not report as
_	At least one of the deb			Debts to per	nsion or profit-sharin	ng plar	ns, and	d other sim	ilar debts	
<b>_</b>	Sheck if this claim is	for a community debt		☑ Other. Spec	fy CreditCard					
	e claim subject to of	fset?								
₫ 1										
<b>□</b> Y	res .									
4.2 AB	SOLUTE RESOLU	TIONS I		Last 4 digits of	account number	7	9	2 1		\$4,438.00
Nonp	oriority Creditor's Nam	е		When was the	deht incurred?		1/25	/2023		
800	0 NORMAN CENT	ER DR ST		Wileli was the	debt illedired:	_	1/23	12023	=	
Num	ber Street									
					you file, the claim i	is: Ch	eck all	I that apply		
BLO	OOMINGTON, MN	55437		<ul><li>Contingent</li><li>Unliquidated</li></ul>	1					
City	Si	tate ZIF	P Code	☐ Disputed	l					
Who	incurred the debt?	Check one.		·						
☑ □	Debtor 1 only				RIORITY unsecured	d clair	n:			
	Debtor 2 only			Student loar						
	Debtor 1 and Debtor 2			Obligations priority claim	arising out of a sepa	aration	agree	ement or di	vorce that you did	I not report as
_ :	At least one of the deb			Debts to pension or profit-sharing plans, and other similar debts						
⊔ (	Check if this claim is	for a community debt	☑ Other. Spec	fy FactoringCor	<u>mpa</u> n	yAcc	ount			
ls th	e claim subject to of	fset?							<del>_</del>	
<b>1</b>	No									
	/es									

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 20 of 73

Deptor 1	Johnny	ט	Franklin	Case nur	mber (i	if knov	vn)				
Debtor 2	Laketra	М	Franklin								
	First Name	Middle Name	Last Name								
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuatio	on Page							
After listing	any entries on thi	s page, number them b	eginning with 4.4, foll	owed by 4.5, and so fo	orth.				Total claim		
4.3 Advar	nce Financial		Last 4 digits	s of account number					\$2,950.00		
Nonprio	ority Creditor's Nam	е	When was t	ha daht ingurrad?				_			
100 O	ceanside Dr		when was t	When was the debt incurred?							
Numbe	r Street		A								
				As of the date you file, the claim is: Check all that apply.							
Nashv	ville, TN 37204		Continge Unliquida								
City	S	tate ZII	Code Disputed								
Who in	curred the debt?	Check one.	•								
	otor 1 only			Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as							
☐ Deb	otor 2 only										
	otor 1 and Debtor 2	,	priority c		iration	agree	SITIOTIC C	n divolce the	at you did not report as		
= '	east one of the deb			pension or profit-sharing	g plan	s, and	d other	similar debts	3		
☐ Che	eck if this claim is	for a community debt	✓ Other. S	pecify Online Loan							
Is the c	laim subject to of	ffset?									
<b>₫</b> No											
Yes	i										
4.4 AFFIR	RM INC		Last 4 digits	s of account number	7	6	<b>x</b> >	(	unknown		
Nonprio	ority Creditor's Nam	е	When was t	he debt incurred?		10/1	/2020				
650 C	ALIFORNIA ST	FL 12	when was t	ne debt incurred?		12/1	12020				
Numbe	r Street										
				ate you file, the claim is	s: Che	eck all	I that ap	oply.			
SAN F	FRANCISCO, CA	\ 94108	Continge								
City	Si	tate ZII	Code Unliquida								
Who in	curred the debt?	Check one.	☐ Disputed								
☐ Deb	otor 1 only		Type of NO	NPRIORITY unsecured	l claim	1:					
<b>₫</b> Deb	otor 2 only		☐ Student								
_	otor 1 and Debtor 2	,		ons arising out of a sepa	ration	agree	ement c	or divorce that	at you did not report as		
	east one of the deb			priority claims  Debts to pension or profit-sharing plans, and other similar debts							
☐ Che	eck if this claim is	for a community debt		pecify <b>Unsecured</b>							
Is the c	the claim subject to offset?										
<b>☑</b> No											
Yes	i										

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 21 of 73

Deptor 1	Johnny	ט	Franklin	Case nu	mber (	if known	)					
Debtor 2	Laketra	М	Franklin									
	First Name	Middle Name	Last Name									
	<b>.</b>			_								
Part 2:	Your NONPRI	DRITY Unsecured C	laims — Continuation	Page								
After listing	g any entries on thi	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.			Total claim				
4.5 AME	RICAN EXPRESS	3	Last 4 digits o	f account number	9	8 :	3 3	\$1,085.00				
Nonpri	iority Creditor's Nam	e		<del></del> _								
РО В	3OX 297871		When was the	When was the debt incurred? 9/14/2016								
Numbe	er Street			•								
			As of the date	you file, the claim i	s: Che	eck all t	hat apply.					
FOR'	T LAUDERDALE	FL 33329	•	Contingent								
City			Code Unliquidate	d								
Who i	ncurred the debt?	Chack and	☐ Disputed	☐ Disputed								
	ebtor 1 only	CHECK OHE.	Type of NONP	Type of NONPRIORITY unsecured claim:								
	ebtor 2 only		Student loa	☐ Student loans								
	ebtor 1 and Debtor 2	only			aration	agreen	nent or divorce	that you did not report as				
☐ At	least one of the deb	tors and another	priority clair	ms Insion or profit-sharin	ın nlan	s and	other similar de	ahts				
☐ Ch	neck if this claim is	for a community debt		cify CreditCard	ig plai	is, and t	Julier Similar de	1013				
Is the	claim subject to of	fset?										
<b>⊴</b> No	•											
☐ Ye	es											
4.6 AVA	NTE		l ast 4 dinits o	f account number	4	Ω (	9_0_	\$129.00				
	iority Creditor's Nam	Α		r docodine mamber		<u> </u>	<del></del>	<u>Ψ123.00</u>				
•	SOUTH GESSNI		When was the	debt incurred?		4/18/2	2024					
Numbe		-11										
			As of the date	you file, the claim i	s: Che	eck all t	hat apply.					
НОП	STON, TX 77063		☐ Contingent									
City	•	ate ZII	Code Unliquidate	─ ☐ Unliquidated								
,			☐ Disputed									
	ncurred the debt?	Check one.	Type of NONP	RIORITY unsecured	l clain	1:						
	ebtor 1 only ebtor 2 only		☐ Student loa			-						
	ebtor 2 only	only	☐ Obligations	arising out of a sepa	aration	agreen	nent or divorce	that you did not report as				
	least one of the deb	•	priority clair	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>								
_		for a community debt	☐ Debts to pe ☐ Other. Spec	ension or profit-sharin	ıg plan	is, and o	other similar de	ebts				
la tha	claim subject to of	foot?	G Other. Spec	y								
IS the ☑ No	•	13611										
□ Ye												

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 22 of 73

Debtor 1	Johnny	D	Franklin	Case nur	mber	(if known,	)					
Debtor 2	Laketra	М	Franklin									
	First Name	Middle Name	Last Name									
				_								
Part 2:	Your NONPRI	DRITY Unsecured C	laims — Continuation F	Page								
After listin	ng any entries on thi	s page, number them b	eginning with 4.4, followe	ed by 4.5, and so fo	orth.			Total claim				
4.7 BAI	NK OF AMERICA		Last 4 digits of	account number	3	3 (	3	\$825.00				
Nonp	oriority Creditor's Name	е	When was the	When was the debt incurred? 12/18/2018								
PO	BOX 982238		when was the c									
Numl	ber Street			As of the data was file the plates to Oha I. II II I								
				As of the date you file, the claim is: Check all that apply.								
EL I	PASO, TX 79998		Contingent	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>								
City	St	ate ZIF	Code Disputed									
Who	incurred the debt?	Check one.	☐ Disputed	·								
	Debtor 1 only		Type of NONPR	Type of NONPRIORITY unsecured claim:  Student loans								
<b>1</b>	Debtor 2 only		=									
	Debtor 1 and Debtor 2	only	· ·	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>								
□ A	At least one of the deb	tors and another	_ ' '	is Ision or profit-sharin	a plar	ns. and d	other similar	debts				
	Check if this claim is	for a community debt	<del>-</del> , '	fy CreditCard	9 1.4.	.0,	Julior Gurman	400.0				
Is the	e claim subject to of	fset?										
<b>⊴</b> N	lo .											
□ Y	′es											
4.8 BIII	LLCITY FINANCIA	I SOI	l ast 4 digits of	Last 4 digits of account number 4 2 3 5								
	priority Creditor's Name			account number	<del>-</del>		<u>,                                    </u>	\$196.00				
	9 N DUKE ST STE		When was the	debt incurred?		10/23/2	2023					
Numl		500										
Num	bei Otreet		As of the date v	ou file, the claim is	s: Ch	eck all th	nat apply.					
			☐ Contingent	,								
	RHAM, NC 27704		— ☐ Unliquidated	─ ☐ Unliquidated								
City	St	ate ZIF	Code Disputed									
Who	incurred the debt?	Check one.	T (NONDE	NODITY I								
<b>1</b>	Debtor 1 only		7.	RIORITY unsecured	ciain	n:						
	Debtor 2 only		☐ Student loan									
	Debtor 1 and Debtor 2	•	Doligations a priority claim		ııaııon	agreen	ieni or divor	ce that you did not report as				
	At least one of the deb		. ,	nsion or profit-sharin	g plar	ns, and o	other similar	debts				
⊔ c	Check if this claim is	for a community debt	✓ Other. Speci									
Is the	e claim subject to of	fset?										
<b>⊴</b> N	lo .											
□ Y	'es											

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 23 of 73

Debtor 1	Johnny	D	Franklin	Case nur	mber (	if known	)					
Debtor 2	Laketra	М	Franklin									
	First Name	Middle Name	Last Name									
Part 2:	Your NONPRI	ORITY Unsecured C	aims — Continuation Pag	je <u> </u>								
After listin	g any entries on thi	s page, number them b	eginning with 4.4, followed	by 4.5, and so fo	orth.			Total claim				
4.9 CAF	PITAL ONE BANK	USA	Last 4 digits of ac	count number	0	1 9	9 9	\$3,012.00				
Nonp	riority Creditor's Name	9		<del></del>								
PO I	BOX 31293		When was the del	When was the debt incurred? 5/4/2016								
Numb	oer Street			As of the date you file, the claim is: Check all that apply.								
			As of the date you									
SAL	T LAKE CITY, UT	84131	Contingent									
City	St	ate ZIF	Code Unliquidated									
Who	incurred the debt?	Check one	☐ Disputed	☐ Disputed								
	ebtor 1 only	onour ono.	Type of NONPRIO	Type of NONPRIORITY unsecured claim:								
	ebtor 2 only		Student loans	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>								
_	ebtor 1 and Debtor 2	only										
☐ A	t least one of the deb	tors and another	priority claims  Debts to pension	n or profit-sharin	n nlan	s and	other simils	ar dehts				
☐ C	heck if this claim is	for a community debt	✓ Other. Specify	•	ig piai	io, aria	outer outline	ii dobio				
Is the	e claim subject to of	fset?						_				
<b>√</b> N	-											
☐ Ye												
4.10 CB	INDIOO/OOL		l ant 4 dimits of an			•						
<u></u>	INDIGO/CCI		Last 4 digits of ac	count number		6	<u> 9</u>	\$300.00				
•	riority Creditor's Name	5	When was the del	ot incurred?		3/8/2	024					
Numb	BOX 4499 per Street											
Num	Jei Street		As of the date you	ı file. the claim i	s: Che	eck all t	hat apply					
	VEDTON 00 000		☐ Contingent	,								
	VERTON, OR 970		Unliquidated									
City	51	ate ZIF	Code Disputed									
Who	incurred the debt?	Check one.	Type of NONPRIO	DITV uncocured	l alain	•						
	ebtor 1 only		Student loans	KITT unsecureu	ı Cıaııı	1.						
	ebtor 2 only			ing out of a sena	ration	agroon	nent or dive	arce that you did not report as				
_	ebtor 1 and Debtor 2	,	priority claims	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>								
	t least one of the deb		. ,	☐ Debts to pension or profit-sharing plans, and other similar debts								
uс	neck if this claim is	for a community debt	✓ Other. Specify	CreditCard				_				
Is the	e claim subject to of	fset?			· <u> </u>		_					
<b>∑</b> N	lo											
$\Box$ $\forall$	es											

Deptor 1	Johnny	ט	Franklin	Case nu	mber (	if known)					
Debtor 2	Laketra	М	Franklin								
	First Name	Middle Name	Last Name								
	<b>-</b>			_							
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation	Page							
After listing	any entries on thi	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fe	orth.			Total claim			
4.11 CCB	ANK/CNG		Last 4 digits of	f account number	2	5 7	7 0	\$2,191.00			
	iority Creditor's Nam	e		<u> </u>							
7755	MONTGOMERY	RD STE 4	When was the	When was the debt incurred? 11/12/2024							
Numbe	er Street										
			As of the date	you file, the claim i	i <b>s:</b> Che	eck all th	nat apply.				
CINC	INNATI, OH 4523	86	Contingent	- ☐ Unliquidated							
City	·		Code .								
Who i	ncurred the debt?	Check one	☐ Disputed	☐ Disputed							
	ebtor 1 only	Chical chic.	Type of NONP	Type of NONPRIORITY unsecured claim:  Student loans							
	ebtor 2 only										
☐ De	ebtor 1 and Debtor 2	only	Obligations priority clair	• .	aration	agreem	ent or divorce	that you did not report as			
	least one of the deb			nsion or profit-sharin	ng plan	s, and c	other similar de	ebts			
☐ Ch	neck if this claim is	for a community debt		ify Unsecured	01	,					
Is the	claim subject to of	fset?		'			,				
<b>☑</b> No	)										
☐ Ye	s										
4.12 CCB	ANK/TLS/AF247		Last 4 digits o	f account number	4	6 5	5 X	\$2,756.00			
	iority Creditor's Nam	e									
	N UNIVERSITY		When was the	debt incurred?		11/4/2	024				
Numbe											
			As of the date	you file, the claim i	i <b>s:</b> Che	eck all th	nat apply.				
PRO	VO, UT 84604		☐ Contingent								
City	· · ·	ate ZII	CODE .	Unliquidated							
Who i	ncurred the debt?	Chack one	☐ Disputed								
	ebtor 1 only	oncok onc.	Type of NONP	RIORITY unsecured	d clain	ո։					
	ebtor 2 only		Student loa	ns							
☐ De	ebtor 1 and Debtor 2	only			aration	agreem	ent or divorce	that you did not report as			
☐ At	least one of the deb	tors and another		priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CheckCreditOrLineOfCredit							
☐ Ch	neck if this claim is	for a community debt									
Is the	claim subject to of	fset?	·								
<b>√</b> No	•										
☐ Ye	s										

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 25 of 73

Debtor 1	Johnny	Johnny D Franklin		Case nur	mber	(if known)						
Debtor 2	Laketra	М	Franklin									
	First Name	Middle Name	Last Name									
				_								
Part	Your NONPRIC	DRITY Unsecured C	laims — Continuation F	Page								
After li	sting any entries on this	s page, number them b	eginning with 4.4, followe	ed by 4.5, and so fo	orth.			Total claim				
4.13	CBANK/TLS/AF247		Last 4 digits of	account number	5	6 3	X_	\$274.00				
N	onpriority Creditor's Name	Э	When was the	When was the debt incurred? 11/6/2024								
3	280 N UNIVERSITY A	WE		11/0/2024								
N	umber Street			As of the data you file the plains in Charles Without such								
_				As of the date you file, the claim is: Check all that apply.								
<u> </u>	PROVO, UT 84604		Contingent	■ ☐ Unliquidated								
С	ity St	ate ZII	Code Disputed	l								
W	/ho incurred the debt?	Check one.	•									
	Debtor 1 only			Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims								
	Debtor 2 only		=									
	Debtor 1 and Debtor 2	•	· ·									
	At least one of the deb			nsion or profit-sharin				lebts				
_	Check if this claim is	for a community debt	✓ Other. Speci	fy CheckCreditC	OrLin	eOfCre	dit					
Is	the claim subject to of	fset?										
	<b>1</b> No											
	Yes											
4.14	CREDIT COLLECTION	I SERV	Last 4 digits of	Last 4 digits of account number 4 6 9 1								
N	onpriority Creditor's Name	9										
7	25 CANTON ST		When was the	debt incurred?		10/3/20	024					
N	umber Street			_								
_				ou file, the claim is	s: Ch	eck all th	at apply.					
1	NORWOOD, MA 0206	2	☐ Contingent									
С	ity St	ate ZII	Code Unliquidated									
W	/ho incurred the debt?	Check one.	Disputed									
_	Debtor 1 only		Type of NONPR	NORITY unsecured	l clair	n:						
v	Debtor 2 only		Student loar									
	Debtor 1 and Debtor 2	only			ration	agreem	ent or divorc	e that you did not report as				
	At least one of the deb		. ,	priority claims  Debts to pension or profit-sharing plans, and other similar debts								
	Check if this claim is	for a community debt		fy CollectionAtt	orne	у						
Is	the claim subject to of	fset?										
¥	<b>1</b> No											
	Yes											

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 26 of 73

Deptor 1	Johnny	ט	Fran	Klin	Case num	nber (if	known) _				
Debtor 2	2 Laketra	М	Fran	klin							
	First Name	Middle Name	Last N	lame							
Part	Your NONPRI	ORITY Unsecured C	laims — C	ontinuation Page							
After li	sting any entries on th	is page, number them b	eginning v	with 4.4, followed by 4.5,	and so for	rth.			Total claim		
4.15	CREDIT ONE BANK I	NΔ		Last 4 digits of account	number	6	5 5	0	\$702.00		
_	Ionpriority Creditor's Nam			Lact 4 digito of account		<u> </u>	<u> </u>		Ψ102.00		
	PO BOX 98875		,	When was the debt incu	rred?		8/1/20 <sup>-</sup>	19			
_	lumber Street										
				As of the date you file, the	ne claim is	: Chec	k all tha	at apply.			
_	LAS VEGAS, NV 8919	03		Contingent							
_	*		- Code	- Unliquidated							
	•		Codo	Disputed							
	Who incurred the debt?	Check one.		Type of NONPRIORITY u	nsecured (	claim:					
	Debtor 1 only   Debtor 2 only			Student loans							
	Debtor 2 only  Debtor 1 and Debtor 2	2 only		Obligations arising out of a separation agreement or divorce that you did not report as							
	At least one of the deb	•		priority claims	- <b>6</b>				. daba		
	Check if this claim is	for a community debt		<ul><li>□ Debts to pension or pr</li><li>☑ Other. Specify Credi</li></ul>		pians	, and ot	ner similar	debts		
_	☑ No ☑ Yes										
4.16	CREDIT ONE, LLC			Last 4 digits of account	number	5	5 0	1	\$5,471.00		
N	Ionpriority Creditor's Nam	ne		MA//			0/0/00/				
<u> </u>	PO BOX 625			When was the debt incu	rrea?		9/8/202	23			
N	lumber Street										
_				As of the date you file, th	ne claim is	: Chec	k all tha	at apply.			
<u> </u>	METAIRIE, LA 70004			☐ Contingent							
C	City S	tate ZII	- Ciode	<ul><li>☐ Unliquidated</li><li>☐ Disputed</li></ul>							
V	Who incurred the debt?	Check one.		■ Disputed							
<u> </u>	Debtor 1 only			Type of NONPRIORITY u	nsecured o	claim:					
	Debtor 2 only			Student loans	,			, 11			
_	Debtor 1 and Debtor 2	•		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
	At least one of the deb			Debts to pension or pr	ofit-sharing	plans	, and ot	her similar	debts		
L	■ Check if this claim is	s for a community debt		☑ Other Specify FactoringCompanyAccount							
ls	s the claim subject to o	ffset?					·				
_	<b>1</b> No										
	Yes										

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 27 of 73

Debto	r 1	Johnny	D	Franklin	Case nu	umber	(if knowr	)				
Debto	r 2	Laketra	М	Franklin								
		First Name	Middle Name	Last Name								
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation P	age							
Afte	r listing a	any entries on thi	s page, number them b	eginning with 4.4, followe	d by 4.5, and so f	forth.			Total claim			
4.17	DEPT (	OF EDUCATION	I/NELN	Last 4 digits of a	ccount number	4	6 7	9	\$199,890.00			
		ty Creditor's Name			When was the debt incurred? 2/26/2018							
	121 S 1	3TH ST		When was the de								
	Number	Street										
				As of the date yo	As of the date you file, the claim is: Check all that apply.  Contingent							
	LINCO	LN, NE 68508		•								
	City	Sta	ate ZIP	Code _ '	Unliquidated							
	Who inc	urred the debt? (	Sheck one	☐ Disputed	☐ Disputed							
	☑ Debte		Shook one.	Type of NONPRIC	Type of NONPRIORITY unsecured claim:							
	☐ Debte	,		✓ Student loans	<ul> <li>✓ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
	_	or 1 and Debtor 2	only									
	☐ At lea	ast one of the debt	tors and another	_ ' '	ion or profit-sharing	a nlane	s and o	ther similar d	lehts			
	☐ Chec	k if this claim is	for a community debt	Other. Specify	•	g plant	s, and o	uici siiiilai c	CDIS			
	Is the cla	aim subject to of	fset?	, ,								
	<b>√</b> No											
	Yes											
4.18	DISCO	VED DANK		Last 4 digits of a	coount number		2 0		£44 902 00			
		VER BANK ty Creditor's Name		Last 4 digits of a	ccount number	<u> </u>	2 8	<u> </u>	\$11,803.00			
	•	•	<del>,</del>	When was the de	ebt incurred?	1	0/12/2	014				
	Number	X 30939 Street										
	Number	Officer		As of the date yo	As of the date you file, the claim is: Check all that apply.							
	CALTI	ALCE OITY LIT	0.44.00	☐ Contingent	•			,				
	City	AKE CITY, UT :		Code Unliquidated								
	,			☐ Disputed								
	_	urred the debt? (	Check one.	Type of NONPRIC	ORITY unsecured	l claim						
	☐ Debte	•		☐ Student loans	Jim i anoooaioa	· Olullii	•					
	Debte	•	a m lu		ising out of a sepa	ration	agreem	ent or divorce	e that you did not report as			
		or 1 and Debtor 2 ast one of the debt	•	priority claims	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
			for a community debt		Debts to pension or profit-sharing plans, and other similar debts							
	_ 51160	uno ciaim is	.o. a community debt	✓ Other. Specify	CreditCard							
		aim subject to of	fset?									
	<b>√</b> No											
	☐ Yes											

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 28 of 73

Debtor	1	Johnny	D Frani		Franklin Case number (if known)									
Debtor 2		Laketra	М	Fra	nklin									
		First Name	Middle Name	ne Last Name										
	1.0					_								
Par	rt 2:	Your NONPRIC	ORITY Unsecured C	laims –	Continuation	Page								
After	listing a	any entries on thi	s page, number them b	eginnin	ng with 4.4, followed by 4.5, and so forth.									
4.19	FEB D	ESTINY/CCI			Last 4 digits of	\$329.00								
	Nonprior	rity Creditor's Name	е	When was the debt incurred?				3/20/2024						
,	14600	NW GREENBR	IER PKWY	Wileli was tile	debt incurred:									
	Number	Street												
					As of the date you file, the claim is: Check all that apply.									
	BEAVE	ERTON, OR 970	06		☐ Contingent☐ Unliquidated									
	City	St	ate ZI	P Code	☐ Disputed	u								
	Who inc	curred the debt?	Check one.	·										
	<b>☑</b> Debi	tor 1 only		Type of NONPRIORITY unsecured claim:										
	☐ Deb	tor 2 only			Student loa									
		tor 1 and Debtor 2	,		Obligations priority clair	•	paratio	n a	greem	ent or	divorce that you did not report as			
		ast one of the deb			. ,	nsion or profit-sha	ring pla	ıns,	and o	her si	milar debts			
	☐ Che	ck if this claim is	for a community debt		✓ Other. Specentrial	ify CreditCard	0.							
	Is the cl	laim subject to of	fset?								<del></del>			
	<b>☑</b> No													
	☐ Yes													
4.20	FIRST	PREMIER BAN	K		Last 4 digits of account number 8 1 7 8 \$708.00									
		rity Creditor's Name												
	601 S	MINNESOTA AV	/E		When was the debt incurred? 5/24/2024						_			
·	Number				_									
					As of the date	you file, the clain	n is: Ch	necl	k all th	at app	oly.			
•	SIOUX	FALLS, SD 57	104		☐ Contingent									
•	City	•		P Code	Unliquidate	d								
,	Who inc	curred the debt?	Check one		Disputed									
		tor 1 only	oncok onc.		Type of NONPI	RIORITY unsecur	ed clai	m:						
		tor 2 only			☐ Student loa	ns								
		tor 1 and Debtor 2	only		•	•	paratio	n a	greem	ent or	divorce that you did not report as			
	☐ At le	ast one of the deb	tors and another		priority claims  Debts to pension or profit-sharing plans, and other similar debts									
	☐ Che	ck if this claim is	for a community debt		cify CreditCard	y pia	,	aa 0		a. dobio				
	Is the cl	aim subject to of	fset?							<del></del>				
	<b>√</b> No	•												
	☐ Yes													

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 29 of 73

Debtor 1		Johnny	D	Franklin	Franklin Case number (if known)							
Debtor 2		Laketra	М	Franklin								
		First Name	Middle Name	Last Name								
					_							
Pa	rt 2:	Your NONPRIC	ORITY Unsecured C	laims — Continuatio	n Page							
After	r listing a	any entries on this	s page, number them b	eginning with 4.4, follo	owed by 4.5, and so f	orth.				Total claim		
4.21	HUNTE	ER WARFIELD		Last 4 digits	Last 4 digits of account number 0 3 0 5							
	Nonprior	ity Creditor's Name	)				\$3,167.00					
	4620 V	VOODLAND CO	RPORATE	wnen was tr	ne debt incurred?		9/6/	202	4			
	Number	Street										
					te you file, the claim i	is: Ch	eck all	l that	apply.			
	TAMPA	A, FL 33614		☐ Continger								
	City	Sta	ate ZIF	Code Unliquida Disputed	ted							
	Who inc	curred the debt?	Check one.	☐ Disputed	□ Disputed							
	☐ Debt	tor 1 only		Type of NON	Type of NONPRIORITY unsecured claim:							
		tor 2 only			<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that you did not report as</li></ul>							
	<b>✓</b> Debt	tor 1 and Debtor 2	only	Obligation priority class		aration	agree	emer	nt or divor	e that you did not report as		
	☐ At le	ast one of the debt	tors and another	_ ' '	anns bension or profit-sharin	ng plar	ns. and	d oth	er similar	debts		
	☐ Che	ck if this claim is	for a community debt		ecify CollectionAtt							
	Is the cl	aim subject to off	set?				-					
	<b>√</b> No	☑ No										
	☐ Yes											
4.22	JEFFE	RSON CAPITAL	SYST	Last 4 digits	Last 4 digits of account number 4 2 8 6 \$1							
		ity Creditor's Name						Ť	<u> </u>	\$10,977.00		
	16 MC	LELAND RD		When was th	When was the debt incurred? 1/26/2023							
	Number											
				As of the dat	te you file, the claim i	i <b>s:</b> Ch	eck all	l that	apply.			
	SAINT	CLOUD, MN 56	303	☐ Continger	☐ Contingent							
	City			Code Unliquida	ted							
	Who inc	curred the debt?	Shook and	☐ Disputed								
		tor 1 only	SHECK OHE.	Type of NON	PRIORITY unsecured	d clain	n:					
		tor 2 only		☐ Student lo	oans							
		tor 1 and Debtor 2	only	•	• .	aration	agree	emer	nt or divor	ce that you did not report as		
	At le	ast one of the debt	tors and another		priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify FactoringCompanyAccount							
	☐ Che	ck if this claim is	for a community debt									
	Is the cl	aim subject to off	iset?	<u> </u>	· · · · · · · · · · · · · · · · · · ·	puil	<i>y.</i> 100					
	✓ No	a 345,000 to 011										
	Yes											

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 30 of 73

Debtor 1	Johnny	D	Franklin	Franklin Case number (if known)								
Debtor 2	Laketra	М	Franklin									
	First Name	Middle Name	Last Name									
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation Pag	je								
After listing	any entries on thi	s page, number them b	eginning with 4.4, followed I	oy 4.5, and so f	orth.			Total claim				
4.23 JEFF	ERSON CAPITAL	SYST	Last 4 digits of acc	Last 4 digits of account number 1 2 0 3								
Nonprio	ority Creditor's Name	Э										
16 MC	CLELAND RD		When was the deb	t incurred?		12/7/2	2023	<del>_</del>				
Numbe	er Street											
			As of the date you	file, the claim i	s: Che	eck all t	hat app	oly.				
SAIN	T CLOUD, MN 56	303	☐ Contingent									
City	·		Code Unliquidated									
\A/ls a :		Ohaali ana	Disputed	☐ Disputed								
_	ncurred the debt?	oneck one.	Type of NONPRIOR	Type of NONPRIORITY unsecured claim:								
	btor 1 only btor 2 only		☐ Student loans	Obligations arising out of a separation agreement or divorce that you did not report as								
_	btor 1 and Debtor 2	only	Obligations arisi									
	least one of the deb	priority claims				- 41 3	See the conductor					
☐ Che	eck if this claim is	for a community debt	<ul><li>Debts to pension</li><li>Other. Specify</li></ul>					imilar debts				
Is the o ☑ No ☐ Yes		fset?										
4.24 Landi	ing Club		l ast 4 digits of acc	Last 4 digits of account number \$21,000.00								
	ority Creditor's Name	2		\$21,000								
•	evenson St Ste 3		When was the deb	When was the debt incurred?								
Numbe												
			As of the date you	file, the claim i	s: Che	eck all t	hat app	oly.				
Con F		40E 200E	Contingent	Contingent								
City	Francisco, CA 94		Unliquidated	•								
,			Code Disputed									
_,	ncurred the debt?	Check one.	Type of NONPRIOR	RITY unsecured	d clain	ո։						
	btor 1 only		☐ Student loans									
	btor 2 only		Obligations arisi	ng out of a sepa	aration	agreer	nent or	divorce that you did not report as				
<del>-</del>	btor 1 and Debtor 2 least one of the deb	•	priority claims									
		for a community debt	_ ·									
_ CIII	eck ii tilis ciailli is	ioi a community debt	Other. Specify									
Is the o	claim subject to of	fset?										
<b>₫</b> No												
☐ Yes	2											

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 31 of 73

Debtor 1		Johnny	D	Franklin	Case number (if known)						
Debtor	2	Laketra	М	Franklin							
		First Name Middle Name		Last Name							
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims — Contii	nuation Page						
After	listing a	any entries on thi	is page, number them b	eginning with 4	.4, followed by 4.5, and so forth.						
4.25	Marine	er Finance		Last 4	digits of account number \$5,471.00						
	Nonprio	rity Creditor's Nam	е	When	was the debt incurred?						
	1490 V	V Government	St Ste 1		was the destinicaned:						
	Number	Street			the data was file the alaim in Observal that such						
					the date you file, the claim is: Check all that apply.						
	Brand	on, MS 39042-3	8024		ontingent nliquidated						
	City	S	tate ZIF	0 - 1-	sputed						
	Who in	curred the debt?	Check one.		a piopulou						
	<b>☑</b> Deb	tor 1 only			Type of NONPRIORITY unsecured claim:						
		tor 2 only			<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as</li> </ul>						
	☐ Deb	tor 1 and Debtor 2	? only		ority claims						
		east one of the deb			ebts to pension or profit-sharing plans, and other similar debts						
	☐ Che	ck if this claim is	for a community debt	<b>1</b> 0	her. Specify Signature Loan - no collateral						
	Is the c	laim subject to of	ffset?								
	√ No										
	☐ Yes										
4.26	MERR	ICK BANK COF	RP	Last 4	I digits of account number 9 5 5 5 \$708.00						
	Nonprio	rity Creditor's Nam	е		<u> </u>						
	РО ВС	X 9201		When	was the debt incurred? 6/10/2024						
	Number	Street									
				As of	the date you file, the claim is: Check all that apply.						
	OLD E	SETHPAGE, NY	11804		ontingent						
	City	S	tate ZIF	Code	nliquidated						
	Who in	curred the debt?	Check one	<b>U</b> Di	sputed						
	_	tor 1 only	Official official	Туре	of NONPRIORITY unsecured claim:						
		tor 2 only		☐ St	udent loans						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt  Is the claim subject to offset?				oligations arising out of a separation agreement or divorce that you did not report as						
					priority claims  Debts to pension or profit-sharing plans, and other similar debts						
					✓ Other. Specify <b>CreditCard</b>						
	<b>√</b> No	•									
	Yes										

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 32 of 73

Debtor 1		Johnny	D Fran		anklin							
Debtor 2		Laketra	М	Fra	anklin							
		First Name	Middle Name	Last	Name							
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims –	Continuation	Page						
After	listing a	ny entries on thi	s page, number them b	eginnin	g with 4.4, follow	ved by 4.5, and so f	orth.				Total claim	
4.27	MIDLA	ND CREDIT MA	ANAGEM		Last 4 digits o	f account number	1	6	9	3	\$716.00	
	Nonprior	ity Creditor's Nam	e									
	320 E	BIG BEAVER R	D STE		when was the	debt incurred?		11/28	3/202	23		
	Number	Street										
					you file, the claim	is: Ch	eck all	that	apply.			
	TROY,	MI 48083			☐ Contingent							
	City	St	ate ZIF	Code	Unliquidated							
	Who inc	curred the debt?	Check one.	☐ Disputed								
	☐ Debi	tor 1 only		Type of NONPRIORITY unsecured claim:								
	_	tor 2 only		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that you did not report as</li></ul>								
	☐ Deb	tor 1 and Debtor 2	only		Obligations priority clair		aration	agree	ment	t or divorce that ye	ou did not report as	
		ast one of the deb				nsion or profit-sharir	ng plar	ns, and	d othe	er similar debts		
	☐ Che	ck if this claim is	for a community debt			cify FactoringCo						
	Is the cl	aim subject to of	fset?									
	<b>☑</b> No											
	☐ Yes											
4.28	MIDLA	ND CREDIT MA	ANAGEM		Last 4 digits o	f account number	0	1	1	5	\$693.00	
		ity Creditor's Nam										
	320 E	BIG BEAVER R	D STE		When was the	debt incurred?		12/20	)/202	23		
	Number	Street										
					As of the date	you file, the claim	is: Ch	eck all	that	apply.		
	TROY,	MI 48083			☐ Contingent							
	City		ate ZIF	Code	Unliquidated							
	Who inc	curred the debt?	Check one		Disputed							
		tor 1 only	Chook one.		Type of NONP	RIORITY unsecured	d clair	n:				
		tor 2 only			Student loa	ins						
		tor 1 and Debtor 2	only	<ul><li>Obligations priority clair</li></ul>	arising out of a sepa	aration	agree	men	t or divorce that ye	ou did not report as		
	_	ast one of the deb		_ ' '	rns ension or profit-sharir	ng plar	ns, and	d othe	er similar debts			
	☐ Che	ck if this claim is	for a community debt	☑ Other. Specify FactoringCompanyAccount								
	Is the cl	aim subject to of	fset?			-						
	<b>√</b> No	-										
	☐ Yes											

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 33 of 73

Debtor 1	Johnny	D	Franklin	Case number (if known)						
Debtor 2	Laketra	М	Franklin							
	First Name	Middle Name	Last Name	<del></del>						
Part 2	Your NONPRI	ORITY Unsecured C	laims — Continuation	n Page						
After list	ing any entries on thi	s page, number them b	eginning with 4.4, follo	wed by 4.5, and so forth. Total claim						
4.29 <b>Ne</b>	t Credit Online Loa	ıns	Last 4 digits	of account number \$2,000.00						
Nor	priority Creditor's Name	е	When wee th	e debt incurred?						
17	5 W Jackson Blvd	<b>#1000</b>	which was the	e debt incurred?						
Nur	mber Street		A	and the the plain in Ohead all that each						
				e you file, the claim is: Check all that apply.						
Ch	icago, IL 60604		☐ Contingen☐ Unliquidate							
City	St	ate ZIF	Code Disputed							
Wh	o incurred the debt?	Check one.	Type of NONE	PRIORITY unsecured claim:						
	Debtor 1 only		☐ Student lo							
_	Debtor 2 only			is arising out of a separation agreement or divorce that you did not report as						
	Debtor 1 and Debtor 2	•	priority cla	ims						
_	At least one of the deb	tors and another for a community debt		ension or profit-sharing plans, and other similar debts ecify <b>Online Loan</b>						
$\Box$	No Yes									
4.30 PN	IC BANK, N.A.		Last 4 digits	of account number 4 5 5 3 \$3,907.00						
	priority Creditor's Name	e								
1 F	FINANCIAL PKWY		When was the	e debt incurred? 8/21/2019						
	mber Street									
			As of the date	e you file, the claim is: Check all that apply.						
KA	LAMAZOO, MI 490	09		☐ Contingent						
City	•		Code Unliquidate	ed						
Wh	o incurred the debt?	Check one.	□ Disputed							
	Debtor 1 only		Type of NONI	PRIORITY unsecured claim:						
$\mathbf{\Delta}$	Debtor 2 only		Student lo							
	Debtor 1 and Debtor 2	only	· ·	s arising out of a separation agreement or divorce that you did not report as						
	At least one of the deb	tors and another	. ,	priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CreditCard						
	Check if this claim is	for a community debt								
ls ti	he claim subject to of	fset?								
	No									
	Yes									

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 34 of 73

Debtor 1	Johnny	D Fran		Franklin Case number (if known)							
Debtor 2	Laketra	М	Fra	nklin							
	First Name	Middle Name	Last	Name							
	I .,				_						
Part 2:	Your NONPRI	ORITY Unsecured C	laims –	Continuation F	Page						
After listing	any entries on thi	is page, number them b	peginning	ng with 4.4, followed by 4.5, and so forth.							
4.31 POR	TFOLIO RECOV	ASSOC		Last 4 digits of	account number	7	1	3	8	\$2,784.00	
Nonpri	ority Creditor's Nam	е	_	When was the							
120 C	ORPORATE DR	IVE	Wileli was the t	debt incurred:		14	2/9/20	J23	_		
Numbe	er Street										
				As of the date you file, the claim is: Check all that apply.							
NORI	FOLK, VA 23513			<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>							
City	S	tate ZII	P Code	☐ Disputed	ı						
Who ir	ncurred the debt?	Check one.									
☐ De	btor 1 only		Type of NONPRIORITY unsecured claim:								
<b>₫</b> De	btor 2 only		Student loan								
☐ De	btor 1 and Debtor 2	? only	Obligations a		aratior	n ag	reem	ent or	divorce that you did not report as		
☐ At l	least one of the deb	otors and another	. ,	nsion or profit-shari	na plai	ns. a	and o	ther si	imilar debts		
☐ Ch	eck if this claim is	for a community debt		ify FactoringCo							
Is the	claim subject to of	ffset?			-						
<b>₫</b> No											
☐ Yes	☐ Yes										
4.32 POR	FOLIO RECOV	ASSOC		Last 4 digits of account number 7 5 8 4 \$1,875.							
	ority Creditor's Nam										
•	ORPORATE DR			When was the debt incurred? 12/21/2023							
Numbe		<u> </u>		_							
				As of the date y	you file, the claim	is: Ch	eck	all th	at app	oly.	
NORI	FOLK, VA 23513			☐ Contingent							
City			P Code	Unliquidated							
,	ncurred the debt?			Disputed							
	btor 1 only	Check one.		Type of NONPR	RIORITY unsecure	d clair	m:				
	btor 2 only			☐ Student loan	ns						
	btor 1 and Debtor 2	? only		☐ Obligations arising out of a separation agreement or divorce that you did not report as							
	least one of the deb	•	priority claims								
☐ Ch	eck if this claim is	for a community debt	<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify FactoringCompanyAccount</li> </ul>								
le the	claim subject to of	ffeet?	_ Caron Opeon	, ractoringco	πραι	. y ^	5500				
☑ No		iioct:									
☐ Yes											

# 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 35 of 73

Debtor 1	Johnny	D	Franklin	Case nu	Case number (if known)						
Debtor 2	Laketra	М	Franklin								
	First Name	Middle Name	Last Name								
	1										
Part 2:	Your NONPRI	ORITY Unsecured C	laims — Continuation I	Page							
After listing	any entries on thi	s page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.	Total claim					
4.33 Simple	e Fast Loans		Last 4 digits of	Last 4 digits of account number \$1,820.00							
Nonprior	rity Creditor's Name	Э	When was the	When was the debt incurred?							
8601 E	Dunwoody PI St	e 406		debt illcurred:							
Number	Street		As of the date :	vou file the eleim i	e. Chack all that apply						
			Contingent	you me, the claim is	s: Check all that apply.						
Atlanta	a, GA 30350-255	50	Unliquidated	l							
City	St	ate ZIF	Code Disputed								
Who inc	curred the debt?	Check one.	Time of NONDE	NODITY	alaim.						
<b>√</b> Debi	tor 1 only		<u>.</u> .	Type of NONPRIORITY unsecured claim:  Student loans							
	tor 2 only			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>							
☐ Deb	tor 1 and Debtor 2	only									
At le	east one of the deb	tors and another	Debts to per	nsion or profit-sharing	g plans, and other similar d	ebts					
☐ Che	ck if this claim is	for a community debt	✓ Other. Speci	fy Online Loan							
Is the cl	laim subject to of	fset?									
<b>⊴</b> No											
Yes											
4.34 SPRIN	IG OAKS CAPIT	AL,	Last 4 digits of	account number	3 2 8 2	\$34,697.00					
Nonprior	rity Creditor's Name	e		When was the debt incurred? 9/22/2023							
P.O. B	OX 1216		When was the								
Number	Street										
			As of the date y	ou file, the claim is	s: Check all that apply.						
CHES	APEAKE, VA 23	327	☐ Contingent								
City	St	ate ZIF	Code Unliquidated								
Who inc	curred the debt?	Check one.	□ Disputed								
<b>√</b> Deb	tor 1 only		Type of NONPR	RIORITY unsecured	claim:						
	tor 2 only		Student loan								
	tor 1 and Debtor 2	only	9	• .	ration agreement or divorce	e that you did not report as					
☐ At le	east one of the deb	tors and another	priority claim		g plans, and other similar d	ebts					
☐ Che	ck if this claim is	for a community debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify FactoringCompanyAccount							
Is the cl	laim subject to of	fset?	·		. ,						
<b>√</b> No	•										
☐ Yes											

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 36 of 73

Deptor	1 -	Johnny	ט	Franklin		Case n	Case number (if known)					
Debtor 2	2	Laketra	M	Fra	anklin							
		First Name	Middle Name	Las	t Name							
Par	t 2:	Your NONPRI	ORITY Unsecured C	laims –	Continuation	n Page						
After I	listing a	ny entries on th	is page, number them b	eginnin	g with 4.4, follo	wed by 4.5, and so	forth.			Total claim		
4.35	SYNCE	3/SYNCHRON	/ NFTW		Last 4 digits	of account number	5	3 7	. 6	\$1,903.00		
-		ity Creditor's Nam			- Luci 4 digito			<u> </u>		Ψ1,303.00		
	•	X 965036			When was th	e debt incurred?		3/14/20	021			
_	Number	Street			•							
					As of the dat	e you file, the claim	is: Ch	neck all th	at apply.			
-	ORI AN	NDO, FL 32896			☐ Continger	nt						
-	City			Code	- Unliquidated							
	•			0000	Disputed							
		urred the debt?	Check one.		Type of NON	PRIORITY unsecure	ed clai	m:				
		or 1 only or 2 only		☐ Student loans								
		or 1 and Debtor 2	2 only		Obligation	ns arising out of a sep	aration	n agreem	ent or div	vorce that you did not report as		
			otors and another		priority cla	aims pension or profit-shar	ina nla	ne and o	ther cimi	lar debte		
[	☐ Chec	ck if this claim is	for a community debt		ecify ChargeAcco		ris, ariu u	uiei siiiii	al debis			
I	s the cla	aim subject to o	ffset?		·	, <u></u>	-			<del>_</del>		
	1 No											
[	Yes											
4.36	CVWM	C/CBNA			Last A dinits	of account number	5	0 0	. 2	\$2,993.00		
-		ity Creditor's Nam	10		Last 4 digits of account number 5 9 0 2 \$2,993.							
	PO BO	•			When was th	e debt incurred?		9/6/20	)11			
_	Number	Street			-							
		0001			As of the dat	e you file, the claim	is: Ch	neck all th	at apply.			
-	SIOLIX	FALLS, SD 57	117		☐ Continger	nt						
-	City	•		<sup>2</sup> Code	Unliquidated							
	- ,	_		Oodo	Disputed							
_	_	urred the debt?	Check one.		Type of NON	PRIORITY unsecure	ed clair	m:				
		or 1 only or 2 only			☐ Student lo	oans						
		or 1 and Debtor 2	2 only	☐ Obligations arising out of a separation agreement or divorce that you did not report as								
	At least one of the debtors and another				priority claims  Debts to pension or profit-sharing plans, and other similar debts							
[	☐ Chec	ck if this claim is	for a community debt			ecify CreditCard	irig pia	ris, ariu u	uiei siiiii	al debis		
	s the claim subject to offset?				<b>=</b> 0.1101. Opt	Olcultural u				_		
	varie cia varie cia	ann subject to o										
	Yes											

### 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 37 of 73

Deptor 1	Johnny	D	Fran	klin	Case nu	ımber (	if known)		
Debtor 2	Laketra	М	Fran	klin					
	First Name	Middle Name	Last N	ame					
Part 2:	Your NONPRIC	ORITY Unsecured C	laims — C	ontinuation Page	9				
After listing	g any entries on this	s page, number them b	eginning v	with 4.4, followed by	y 4.5, and so f	orth.			Total claim
4.37 THE	BANK OF MISSO	IIRI		Last 4 digits of acc	ount number	0	5 2	4	\$624.00
	riority Creditor's Name			Lact 4 digito of acc		<u> </u>	<u> </u>	<u>-</u>	Ψ024.00
•	NEW LINDEN HI		,	When was the debt	incurred?		5/23/2024	<u>.                                      </u>	
Numb									
				As of the date you	file, the claim i	is: Che	eck all that a	pply.	
WILL	MINGTON, DE 198	808		Contingent					
City			J L.OGE	Unliquidated					
•			0000	Disputed					
,	incurred the debt?	Sneck one.		Type of NONPRIOR	ITY unsecured	d claim	1:		
	ebtor 1 only ebtor 2 only			☐ Student loans					
	ebtor 1 and Debtor 2	only		Obligations arisir	ng out of a sepa	aration	agreement	or divorce that yo	u did not report as
	t least one of the deb	•		priority claims  Debts to pension	or profit-sharir	na nlan	e and other	eimilar debte	
☐ C	heck if this claim is	for a community debt		✓ Other. Specify (		ng pian	s, and other	Similar debts	
Is the	claim subject to of	fset?		· · -					
<b></b> ✓ N	•								
☐ Ye	es								
4.38 TOT	'AL VISA/TBOM/V'			Last 4 digits of acc	ount number	7	4 7		\$210.00
	riority Creditor's Name			Last 4 digits of acc	ount number	<u> </u>	<del></del> -	<u></u>	\$210.00
•	B2 TELESIS CT ST		,	When was the debt	incurred?		6/25/2024	<u> </u>	
Numb		<u> </u>							
				As of the date you	file, the claim i	is: Che	eck all that a	pply.	
SAN	I DIEGO, CA 9212	1		Contingent					
City	· · · · · · · · · · · · · · · · · · ·		J (:Ode	Unliquidated					
- 7			0000	Disputed					
_	incurred the debt?	oneck one.		Type of NONPRIOR	ITY unsecured	d claim	1:		
	ebtor 1 only ebtor 2 only			☐ Student loans					
	ebtor 1 and Debtor 2	only		Obligations arisir	ng out of a sepa	aration	agreement	or divorce that yo	u did not report as
☐ At	t least one of the deb	tors and another		priority claims  Debts to pension	or profit-sharir	na nlan	s and other	eimilar dehte	
☐ C	heck if this claim is	for a community debt		☑ Other. Specify (	•	ig piaii	o, and outer	Similar debits	
Is the	claim subject to of	fset?		-,, <u>-</u>	<del></del>			<del></del> -	
☑ N	•	··							
☐ Ye									

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 38 of 73

Debto	r 1	Johnny	D	Franklin	Case num	nber (	if know	/n)		
Debto	r 2	Laketra	М	Franklin						
		First Name	Middle Name	Last Name						
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	aims — Continuation	Page					
After	listing a	any entries on thi	s page, number them b	eginning with 4.4, follow	ved by 4.5, and so for	rth.				Total claim
4.39	UPGR	ADE INC		Last 4 digits of	of account number	9	9	6	4	\$6,393.00
	Nonprior	rity Creditor's Name	e							
	275 B	ATTERY ST FL	23	when was the	e debt incurred?		9/15/	/202	<u> </u>	
	Number	Street								
					you file, the claim is	: Che	eck all	that	apply.	
	SAN F	RANCISCO, CA	94111	☐ Contingent						
	City	St	tate ZIF	Code Unliquidate	ed					
	Who inc	curred the debt?	Check one.	☐ Disputed						
	<b>✓</b> Deb	tor 1 only		Type of NONP	RIORITY unsecured	clain	n:			
		tor 2 only		Student loa						
	☐ Deb	tor 1 and Debtor 2	only	Obligations priority clai		ration	agree	emen	or divorce	e that you did not report as
	☐ At le	east one of the deb	tors and another	_ ' '	ension or profit-sharing	g plan	is, and	d othe	er similar d	ebts
	☐ Che	ck if this claim is	for a community debt		cify LineOfCredit	, .	,			
	Is the c	laim subject to of	fset?							
	<b>√</b> No									
	☐ Yes									
4.40	UPGR	ADE INC		Last 4 digits of	of account number	5	6	1	7	\$1,906.00
		rity Creditor's Name	e			Ť	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	•	ATTERY ST FL		When was the	e debt incurred?		9/14/	/202	0	
	Number									
				As of the date	you file, the claim is	: Che	eck all	that	apply.	
	SAN F	RANCISCO, CA	94111	☐ Contingent						
	City			Code Unliquidate	ed					
	Who in	curred the debt?	Chack and	☐ Disputed						
		tor 1 only	Check one.	Type of NONP	RIORITY unsecured	clain	n:			
		tor 2 only		☐ Student loa	ans					
		tor 1 and Debtor 2	only	9	•	ation	agree	emen	t or divorce	e that you did not report as
	☐ At le	ast one of the deb	tors and another	priority clai	ms ension or profit-sharing	n nlan	s and	l othe	er similar d	ehts
	☐ Che	ck if this claim is	for a community debt		cify Unsecured	y Piaii	is, and	a Otile	, Similar U	
	Is the cl	laim subject to of	fset?		,					
	✓ No	542,661 10 01								
	☐ Yes									

### 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 39 of 73

Deptor	1	Johnny	ט	Fra	anklin	Case n	umber	(if known)	
Debtor	2	Laketra	М	Fra	anklin				
		First Name	Middle Name	Las	t Name				
Pa	rt 2:	Your NONPRI	ORITY Unsecured C	laims –	Continuation	n Page			
After	listing a	any entries on th	is page, number them b	eginnin	g with 4.4, follo	owed by 4.5, and so	forth.		Total claim
4.41	WELL	S FARGO CAR	D SER		Last 4 digits	of account number	0	2 6 8	\$5,651.00
		rity Creditor's Nam			uigito	or account manipor			Ψ3,031.00
	PO BC	•			When was th	ne debt incurred?		8/31/2012	
	Number				•				
					As of the dat	te you file, the claim	is: Ch	neck all that apply.	
	MININE	EAPOLIS, MN 5	5/80		☐ Continger	nt			
	City			P Code	Unliquidat	ted			
	•			Oodc	Disputed				
		curred the debt?	Check one.		Type of NON	IPRIORITY unsecure	ed clai	m:	
		tor 1 only tor 2 only			Student lo				
		tor 2 only tor 1 and Debtor 2	2 only		Obligation	ns arising out of a sep	oaration	n agreement or divord	ce that you did not report as
		ast one of the deb	•		priority cla				-1-1-1-
	_ Che	ck if this claim is	for a community debt			pension or profit-snar ecify <b>CreditCard</b>	ing pia	ns, and other similar	debts
	☑ No ☐ Yes								
4.42	WELL	S FARGO CAR	D SER		Last 4 digits	of account number	9	4 3 1	\$2,931.00
	Nonprior	rity Creditor's Nam	ne			d-b4 :		0/04/0040	
	РО ВС	X 393			wnen was th	ne debt incurred?	_	8/31/2012	
	Number	Street			•				
					1	te you file, the claim	is: Ch	neck all that apply.	
	MINNE	EAPOLIS, MN 5	5480		☐ Continger				
	City	S	tate ZII	P Code	<ul><li>Unliquidat</li><li>Disputed</li></ul>	ted			
	Who inc	curred the debt?	Check one.		■ Disputed				
	☐ Deb	tor 1 only			<b>,</b> .	PRIORITY unsecure	ed clai	m:	
	<b>✓</b> Deb	tor 2 only			Student lo				
	_	tor 1 and Debtor 2	•		Dbligation priority cla		oaratio	n agreement or divord	ce that you did not report as
		ast one of the deb			_ ' '		ing pla	ns, and other similar	debts
	☐ Cne	CK IT THIS CLAIM IS	s for a community debt		✓ Other. Special Control of the	ecify CreditCard			
		laim subject to o	ffset?						
	<b>☑</b> No								
	Yes								

## 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 40 of 73

ı	Jonnny	ט	Franklin	Case number (if known)	
2	Laketra	М	Franklin		
	First Name	Middle Name	Last Name	<del></del>	
rt 2:	Your NONPRIC	ORITY Unsecured C	laims — Continuation	Page	
listing a	any entries on this	s page, number them b	eginning with 4.4, follow	ved by 4.5, and so forth.	Total claim
WELL	S FARGO CARE	SER	Last 4 digits o	of account number 8 6 0 0	\$2,542.00
Nonprio	rity Creditor's Name	Э	When wee the	deht in august 2 44/0/0040	
РО ВС	X 393		when was the	11/2/2019	
Number	Street				
			As of the date	you file, the claim is: Check all that apply.	
MINNE	EAPOLIS. MN 55	5480	☐ Contingent		
City	•		Code Unliquidate Disputed	ed	
Who inc	curred the debt?	Check one.			
☐ Deb	tor 1 only				
<b>☑</b> Deb	tor 2 only		=		
☐ Deb	tor 1 and Debtor 2	only	•	, ,	did not report as
☐ At le	east one of the deb	tors and another	_ ' '		
☐ Che	ck if this claim is	for a community debt			
Is the c	laim subject to of	fset?			
<b>√</b> No					
Yes					
	Listing a WELL Nonprior PO BC Number City Who inc Deb Deb At le City Che Is the city No	Laketra First Name  Your NONPRICE  Isting any entries on this  WELLS FARGO CARE  Nonpriority Creditor's Name  PO BOX 393  Number Street  MINNEAPOLIS, MN 55  City St  Who incurred the debt? (Company)  Debtor 1 only  Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 2  At least one of the debt  Check if this claim is  Is the claim subject to of	2 Laketra M First Name Middle Name  1 2: Your NONPRIORITY Unsecured C  listing any entries on this page, number them be WELLS FARGO CARD SER Nonpriority Creditor's Name PO BOX 393  Number Street  MINNEAPOLIS, MN 55480  City State ZIF Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?	Laketra M Franklin  First Name Middle Name Last Name  Your NONPRIORITY Unsecured Claims — Continuation  listing any entries on this page, number them beginning with 4.4, follow  WELLS FARGO CARD SER  Nonpriority Creditor's Name  PO BOX 393  Number Street  MINNEAPOLIS, MN 55480  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt  Is the claim subject to offset?  I sthe claim subject to offset?	Laketra   M   Franklin

Deb	otor 1	Johnny	U	Fr	anklin	Case number (if known)
Deb	tor 2	Laketra	M	Fr	anklin	
		First Name	Middle	Name Las	st Name	
	Part 3:	List Others to	o Be Notifi	ed About a Debt	That You Already Listed	
5.	collection agency he	agency is trying ere. Similarly, if	g to collect f you have mo	rom you for a debt re than one credite	you owe to someone else, li or for any of the debts that y	t that you already listed in Parts 1 or 2. For example, if a st the original creditor in Parts 1 or 2, then list the collection ou listed in Parts 1 or 2, list the additional creditors here. If it fill out or submit this page.
1.	•	Credit Manage	•	be notified for all	•	or Part 2 did you list the original creditor?
	Name	<u> </u>			- 11 11 1101 1	☐ Part 1: Creditors with Priority Unsecured Claims
	Bankrup	tcy Notices			Line 4.4 of (Check one):	✓ Part 2: Creditors with Nonpriority Unsecured Claims
	320 E Bi	g Beaver Rd			<ul> <li>Last 4 digits of account n</li> </ul>	umber
	Number	Street			Lust 4 digits of dooddin in	<u> </u>
	Troy, MI	48083-1238			=	
	City		State	ZIP Code		
2.	Midland	Credit Manage	ement		On which entry in Part 1 c	or Part 2 did you list the original creditor?
	Name				Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
	Legal No	otices			<u> </u>	✓ Part 2: Creditors with Nonpriority Unsecured Claims
		ino De La Rei	na Ste 100		Last 4 digits of account n	umber
	Number	Street				
	City	go, CA 92108-3	3007 State	ZIP Code	_	
				ZIP Code		
3.		Recovery Ass	soc		On which entry in Part 1 c	or Part 2 did you list the original creditor?
	Name	stay Dant			Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
		tcy Dept			_	☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Po Box 4				Last 4 digits of account n	umber
	Number	Street	7			
	City	VA 23541-1067	State	ZIP Code	_	
4.					On which autorin Don't 4 a	Pout 2 did year list the entire leveliter 2
	Name	Varfield Inc			_	or Part 2 did you list the original creditor?
		odland Corp E	Blvd		Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			_	. ,
					Last 4 digits of account n	umber
	Tampa, I	FL 33614				
	City		State	ZIP Code	_	
5.	Amelia S	Station LLC			On which entry in Part 1 o	or Part 2 did you list the original creditor?
	Name	-			- 1:n- 4.4 -r (O)	☐ Part 1: Creditors with Priority Unsecured Claims
	Bankrup	tcy Notices			Line 4.4 of (Check one):	✓ Part 2: Creditors with Nonpriority Unsecured Claims
	1001 Am	elia Station W	ay		<ul> <li>Last 4 digits of account n</li> </ul>	umbar
	Number	Street	•		Last 4 digits of account in	
	Clayton,	NC 27520-644	2		_	
	City		State	ZIP Code		
6.	Jefferso	n Capital Syste	ems		On which entry in Part 1 o	or Part 2 did you list the original creditor?
	Name				Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
	Po Box 7				or (orroot one).	☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account n	umber
	0-1-4-01		7000		<u>-</u>	<del></del>
	Saint Clo	oud, MN 56302		ZIP Code	_	
	Oity		State	ZIF COUR		

### 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 42 of 73

Deb	tor 1	Johnny	D		Franklin	Case number (if known)
Deb	tor 2	Laketra	М		Franklin	
		First Name	Middle	e Name	Last Name	
	Part 3:	Liet Others (	ta Ba Natifi	ad Abaut a D	ebt That You Already Listed	Additional Dava
7			to be Notin	ed About a D		
	Jared C	redit			On which entry in Part 1	or Part 2 did you list the original creditor?
	Name				Line 4.12 of (Check one	): Part 1: Creditors with Priority Unsecured Claims
	Bankru	ptcy Dept			<del></del>	Part 2: Creditors with Nonpriority Unsecured Claims
	Po Box				Last 4 digits of account	number
	Number	Street	4404			
	City	ton, OR 97076-	-4401 State	ZIP Code	<del></del>	
8.	•			ZIF Code		
0.		Global Solution	ns		On which entry in Part 1	or Part 2 did you list the original creditor?
	Name	000040			Line 4.24 of (Check one	): Part 1: Creditors with Priority Unsecured Claims
	Po Box Number	Street				☑ Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Olicei			Last 4 digits of account	number
	Minnea	polis, MN 5543	89-0846			
	City	<del>, , , , , , , , , , , , , , , , , , , </del>	State	ZIP Code		
9.	Credit 0	One LLC			On which entry in Part 1	or Part 2 did you list the original creditor?
	Name				4.25 (.0)	Part 1: Creditors with Priority Unsecured Claims
	Legal N	otices			Line 4.25 of (Check one	Part 2: Creditors with Nonpriority Unsecured Claims
	Ро Вох	605			Last 4 digits of account	number
	Number	Street			Last 4 digits of account	
	Metairie	e, LA 70004-06	05			
	City		State	ZIP Code		
10.	Lending	g Club			On which entry in Part 1	or Part 2 did you list the original creditor?
	Name				Line 4.34 of (Check one	). Part 1: Creditors with Priority Unsecured Claims
	71 Stev	enson St Ste 3	800		or (check one	Part 2: Creditors with Nonpriority Unsecured Claims
	Number	Street			Last 4 digits of account	number
		ncisco, CA 94	105-2985			
	City		State	ZIP Code		

Debtor 1 **Johnny** D Franklin Case number (if known) М Debtor 2 Franklin Laketra First Name Middle Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. **Total claim Total claims** 6a. **Domestic support obligations** 6a. \$0.00 from Part 1 Taxes and certain other debts you owe the government 6b. 6b. \$28,000.00 6c. Claims for death or personal injury while you were 6c. \$0.00 intoxicated Other. Add all other priority unsecured claims. 6d. 6d. \$0.00 Write that amount here. Total. Add lines 6a through 6d. 6e. \$28,000.00 **Total claim Total claims** 6f. Student loans 6f. \$199,890.00 from Part 2 Obligations arising out of a separation agreement or 6g. 6g. \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 6h. \$0.00

6i.

6j.

\$154,370.00

\$354,260.00

similar debts

Write that amount here. **Total.** Add lines 6f through 6i.

6i.

Other. Add all other nonpriority unsecured claims.

Fill in this inform	ation to identify yo	our case:		
Debtor 1	Johnny	D	Franklin	
	First Name	Middle Name	Last Name	
Debtor 2	Laketra	M	Franklin	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court f	or the: South	<b>ern</b> District o	f Mississippi
Case number				
(if known)			_	

#### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - 🗹 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or con	npany with whom you have the	e contract or lease	State what the contract or lease is for
2.1				
	Name		_	
	Number	Street		
	City	State	ZIP Code	
2.2				
	Name		_	
	Number	Street		
	City	State	ZIP Code	
2.3				
	Name		_	
	Number	Street	_	
	City	State	ZIP Code	
2.4				
	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in	this inforn	nation to identify yo	ur case:						
Deb	tor 1	Johnny	D	Franklin					
		First Name	Middle Name	Last Name					
	tor 2	Laketra	M	Franklin					
(Spo	use, if filing)	First Name	Middle Name	Last Name					
Unit	ed States	Bankruptcy Court fo	or the: Sou	ıthern D	District of	Mississi	ippi		
	e number								Objects Williams
(if kn	own)							]	Check if this is an amended filing
Offic	ial For	m 106H							
			ur Codebt	ore					10/15
									12/15
filing t the en	ogether, l tries in th	ooth are equally re	sponsible for suppl	ying correct infor	mation. If	more space	e is needed, c	opy the Additional	If two married people are Page, fill it out, and number ame and case number (if
1.	Do you h  ✓ No  ☐ Yes	ave any codebtor	s? (If you are filing a	joint case, do not li	st either sp	oouse as a c	codebtor.)		
2.	California  No. G	i, Idaho, Louisiana, So to line 3. Did your spouse, fo	ve you lived in a cor Nevada, New Mexico rmer spouse, or legal	o, Puerto Rico, Texa	as, Washin	igton, and W	,,,,	perty states and territ	ories include Arizona,
			ınity state or territory	did you live?			Fill in the	name and current a	ddress of that person.
	N	lame of your spous	e, former spouse, or	egal equivalent		_			
	<u>_</u>	lumber	Street			_			
	<u>-</u>	City	State		ZIP Code	_			
3.	In Colum 2 again a Schedule	nn 1, list all of you is a codebtor only e E/F (Official Forn	if that person is a g	uarantor or cosig	ner. Make	sure you h	ave listed the ule D, Schedul	creditor on Sched le E/F, or Schedule	st the person shown in line ule D (Official Form 106D), G to fill out Column 2.
	Column 1	: Your codebtor							m you owe the debt
0.4							Check all scl	hedules that apply:	
3.1	Name						☐ Schedule	e D, line	
							☐ Schedule	e E/F, line	
	Number		Street				☐ Schedule	e G, line	
	City		State			ZIP Code			
3.2									
	Name						☐ Schedule	e D, line	
	Number		Stroot				☐ Schedule	e E/F, line	
	Number		Street				☐ Schedule	e G, line	
	City		State			ZIP Code			

Official Form 106H Schedule H: Codebtors page 1 of 1

Fill in this inform	ation to identify you	r case:			
Debtor 1	Johnny	D	Franklin	<u> </u>	
	First Name	Middle Name	Last Name		
Debtor 2	Laketra	М	Franklin		
(Spouse, if filing)	First Name	Middle Name	Last Name		Check if this is:
United States E	Bankruptcy Court for	the: Southern	District of	Mississippi	<ul> <li>An amended filing</li> <li>A supplement showing postpetition chap</li> <li>income as of the following date:</li> </ul>
(if known)	_				MM / DD / YYYY

#### Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Part 1: Describe Employn	ment					
1.	Fill in your employment information.		Debtor 1			Debtor 2 or non-fili	ng spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>✓ Employe</li><li>☐ Not employe</li></ul>			<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>	
	employers.  Include part-time, seasonal, or self-employed work.	Occupation	Superviso	r		Secretary	
	Occupation may include student or homemaker, if it applies.	Employer's name	UPS			Lawrence County	Schools
		Employer's address	Number	Street		Number Street	
			City	Stat	e ZIP Code	City Stat	e ZIP Code
		How long employed there?	20 years			Since July 2024	
	Part 2: Give Details Abou	it Monthly Income					
	Estimate monthly income as of unless you are separated.	the date you file this form. If y	ou have nothi	ng to rep	ort for any line, write \$6	0 in the space. Include y	our non-filing spouse
	If you or your non-filing spouse habelow. If you need more space, at			rmation f	or all employers for tha	at person on the lines	
					For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly, c			2.	\$7,494.00	\$1,866.27	
3.	Estimate and list monthly overt	ime pay.		3. <b>+</b>	\$0.00	+ \$0.00	
4.	Calculate gross income. Add lin	e 2 + line 3.		4.	\$7,494.00	\$1,866.27	

 Debtor 1
 Johnny
 D
 Franklin
 Case number (if known)

 Debtor 2
 Laketra
 M
 Franklin

 First Name
 Middle Name
 Last Name

				For Debtor 1	For Debtor 2 or
				<b>AT</b> 404 00	non-filing spouse
	Cop	by line 4 here	4.	\$7,494.00	\$1,866.27
5.	List	all payroll deductions:			
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$1,493.19	\$137.11
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00	\$167.97
	5c.	Voluntary contributions for retirement plans	5c.	\$224.82	\$0.00
	5d.	Required repayments of retirement fund loans	5d.	\$46.15	\$0.00
	5e.	Insurance	5e.	\$290.68	\$146.84
	5f.	Domestic support obligations	5f.	\$0.00	\$0.00
	5g.	Union dues	5g.	\$0.00	\$0.00
	5h.	Other deductions. Specify: Charitable contributions	5h. <b>+</b>	\$16.66	+\$0.00
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$2,071.50	\$451.91
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$5,422.50	\$1,414.36
3.	List	all other income regularly received:			
	8a.	Net income from rental property and from operating a business, profession, or farm			
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net			
		income.	8a.	\$0.00	\$125.00
	8b.	Interest and dividends	8b.	\$0.00	\$0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive			
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
	84	Unemployment compensation	8d.	\$0.00	\$0.00
	8e.		8e.	\$0.00	\$0.00
	ое. 8f.	Other government assistance that you regularly receive	oe.		<u> </u>
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
		Specify:	8f.	\$0.00	\$0.00
	8g.	Pension or retirement income	8g.	\$0.00	\$0.00
	8h.	Other monthly income. Specify: 2nd job - Security (Net)	8h. <b>+</b>	\$703.74	+\$0.00
9.	Add	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$703.74	\$125.00
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$6,126.24	\$1,539.36 <b>=</b> \$7,665

### 25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 48 of 73

Debtor 1	Johnny     D     Franklin     Case number (if known)       Laketra     M     Franklin		Case number (if known)			
Debtor 2			Franklin			
	First Name	Middle Name	Last Name			
11. State al	l other regular con	tributions to the expen	ses that you list in Scho	edule J.		
	contributions from a or relatives.	n unmarried partner, me	mbers of your household,	, your dependents, your roommates, and other		
Do not in	nclude any amounts	already included in line	s 2-10 or amounts that are	e not available to pay expenses listed in Schedule J.		
Specify:					11.+ _	\$0.00
				e result is the combined monthly income.  Statistical Information, if it applies	12.	\$7,665.60
						ombined onthly income
13. <b>Do you</b>	expect an increase	e or decrease within th	e year after you file this	form?		
<b>✓</b> No.						
☐ Yes	s. Explain:					

Official Form 106l Schedule I: Your Income page 3

Debtor 1	Johnny	D	Franklin	Case number (if known)			
ebtor 2	Laketra	M	Franklin				
	First Name	Middle Name	Last Name				
8a. Attache	d Statement						
			D2: 1099 incom	e as Referee			
FINANCIAL	. REVIEW OF THE D	DEBTOR'S BUSINESS (	NOTE: ONLY INCLUDE inf	ormation directly related to the business operation.)			
PART A - E	STIMATED AVERAC	GE FUTURE GROSS M	ONTHLY INCOME:				
1. G	ross Monthly Income	e:			\$245.1		
PART B - E	STIMATED AVERAC	GE FUTURE MONTHLY	EXPENSES:				
2. O	rdinary and necessa	ry expense		\$0	.00		
3. N	et Employee Payroll	(Other than debtor)		\$0	.00		
4. P	ayroll Taxes			<u> </u>	.00		
5. U	nemployment Taxes			<u> </u>	.00		
6. W	orker's Compensation	on		<u> </u>	.00		
7. O	ther Taxes			\$0	.00		
8. In	ventory Purchases (	Including raw materials)		\$0	.00		
9. P	urchase of Feed/Fer	tilizer/Seed/Spray		\$0	.00		
10. R	ent (Other than debt	or's principal residence)		\$0	.00		
11. U	tilities			\$0	.00		
12. O	ffice Expenses and	Supplies		\$0	.00		
13. R	epairs and Maintena	ince		\$0	.00		
14. V	ehicle Expenses			\$0	.00		
15. T	ravel and Entertainm	nent		\$0	.00		
16. E	quipment Rental and	l Leases		\$0	.00		
17. Le	egal/Accounting/Oth	er Professional Fees		\$0	.00		
18. In	surance			\$0	.00		
19. E	mployee Benefits (e.	g., pension, medical, etc	2.)	\$0	.00		
	ayments to be Made usiness Debts	Directly by Debtor to Se	ecured Creditors for Pre-Pe	tition			
T	OTAL PAYMENTS T	O SECURED CREDITO	RS	\$0	.00		
	ther Expenses						
<u>_                                    </u>	Jniform Expense			\$120.17			
T	OTAL OTHER EXPE	NSES		\$120	<u>.17</u>		
22. T	OTAL MONTHLY EX	(PENSES (Add item 2 -	21)		<b>\$120.</b> 1		
PART C - E	STIMATED AVERAC	GE NET MONTHLY INC	OME:				
23. A	VERAGE NET MON	THLY INCOME (Subtrac	et item 22 from item 1)		\$125.0		

Fill	I in this information	to identify your case	9:					
D	ebtor 1	Johnny	D F	ranklin				
		First Name	Middle Name La	st Name	_	heck if this is  An ameno		
	ebtor 2	Laketra		ranklin			ŭ	g postpetition chapter 13
(3	Spouse, if filing)	First Name		st Name				llowing date:
U	nited States Bankru	uptcy Court for the:	Southern	District o	of Mississippi	MM / DD / Y		-
_	ase number					IVIIVI / DD /	1111	
(11	KIIOWII)							
Of	ficial Form	106J						
		 : Your Exp	nansas					12/15
				va filina t		anaible for		
					ogether, both are equally resp ional pages, write your name			own). Answer every question.
Pa	rt 1: Describe	Your Household						
1.	Is this a joint case	e?						
	☐ No. Go to line	2.						
		otor 2 live in a separ	rate household?					
	<b>☑</b> No							
				enses for	Separate Household of Debtor	r 2.		
2.	Do you have deport Do not list Debtor Debtor 2.		Yes. Fill out this information for each dependent		Dependent's relationship to Debtor 1 or Debtor 2		endent's	Does dependent live with you?
	Do not state the d	ependents'			Child	<u>age</u> 14		. □ <sub>No.</sub> ☑ <sub>Yes.</sub>
	names.				Child	<u></u> 12		. □ <sub>No.</sub> ☑ <sub>Yes.</sub>
								. No. Yes.
								. No. Yes.
								. No. Yes.
3.	Do your expense		✓No					
	expenses of peop yourself and your		□ <sub>Yes</sub>					
	,							
Pa	art 2: Estimate	Your Ongoing Mo	onthly Expenses					
Es	timate your expens	ses as of your bank	ruptcy filing date unles	s you are	using this form as a suppleme	ent in a Cha	pter 13 case	e to report expenses as of a
da	te after the bankru	ptcy is filed. If this i	s a supplemental Scheo	dule J, che	eck the box at the top of the fo	orm and fill i	n the applic	cable date.
			government assistanc Schedule I: Your Incon	•			You	ır expenses
4.	The rental or hom for the ground or I		nses for your residence.	. Include fi	irst mortgage payments and an	ny rent 4	. <u> </u>	\$1,650.00
	If not included in							
	4a. Real estate to					4	a	\$0.00

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5. <b>_</b>	\$0.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$550.00
	6b. Water, sewer, garbage collection	6b	\$80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$514.00
	6d. Other. Specify:	6d.	\$0.00
	Food and housekeeping supplies	7.	\$1,015.00
	Childcare and children's education costs	8	\$380.00
١.	Clothing, laundry, and dry cleaning	9	\$100.00
0.	Personal care products and services	10	\$0.00
1.	Medical and dental expenses	11	\$216.00
2.	Transportation. Include gas, maintenance, bus or train fare.		
	Do not include car payments.	12.	\$695.50
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$0.00
4.	Charitable contributions and religious donations	14	\$530.00
	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	15a.	\$40.00
	15b. Health insurance	15a	\$0.00
	15c. Vehicle insurance	15b. <u> </u>	\$300.00
		130.	
	15d. Other insurance. Specify:	15d	\$0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16	\$0.00
7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 2014 Chevrolet Malibu	17a	\$292.00
	17b. Car payments for Vehicle 2 <b>2021 Chevrolet Suburban</b>	17b	\$1,297.00
	17c. Other. Specify:	17c	\$0.00
	17d. Other. Specify:	17d	\$0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u> </u>	\$0.00
9.	Other payments you make to support others who do not live with you.		
	Specify:	19	\$0.00
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	\$0.00
	20b. Real estate taxes	20b	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d	\$0.00
	20e. Homeowner's association or condominium dues	20e	\$0.00

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 53 of 73

Debtor 1 Debtor 2		Johnny Laketra	D M	Franklin Franklin	Case number (if known)	
		First Name	Middle Name	Last Name		
21.	Other. Spe	ecify:			21. +	\$0.00
22.	Calculate y	your monthly expe	enses.			
	22a. Add li	nes 4 through 21.			22a	\$7,659.50
	22b. Copy	line 22 (monthly e	expenses for Debtor 2),	if any, from Official Form 106J-2	22b	\$0.00
	22c. Add line 22a and 22b. The result is your monthly expenses.				22c.	\$7,659.50
23.	Calculate y	your monthly net i	income.			
	23а. Сору	line 12 (your comb	oined monthly income)	rom Schedule I.	23a	\$7,665.60
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b	\$7,659.50
	23c. Subtra	act your monthly e	expenses from your mor	thly income.		
	The r	esult is your montl	hly net income.		23c	\$6.10
24.	Do you ex	pect an increase o	or decrease in your exp	penses within the year after you file	this form?	
				car loan within the year or do you es of a modification to the terms of you		
	☑ No. ☐ Yes.					

Fill in this information to identify your case:						
Debtor 1	Johnny	D	Franklin			
	First Name	Middle Name	Last Name			
Debtor 2	_Laketra	М	Franklin			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:	Sout	hern District of Mississippi			
Case number (if known)						

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

art 1: Summarize Your Assets	
	Your assets
	Value of what you own
I. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$190,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$148,425.00
1c. Copy line 63, Total of all property on Schedule A/B	\$338,425.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<u>\$245,264.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$28,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$354,260.00
Your total liabilities	\$627,524.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$7,665.60
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$7,659.50

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 55 of 73

Debtor 1 Debtor 2	Johnny Laketra	D М	Franklin Franklin		
DODIO! Z	First Name	Middle Name	Last Name	Case number (if known	)
	i iist ivaille	Middle Name	Last Name		
Part 1: Ans	swer These Oues	tions for Administr	ative and Statistical Records		
rart 4. 7ths	Swell These Ques	tions for Administr	ative and statistical records		
-	-	nder Chapters 7, 11, or			
	u have nothing to rep	ort on this part of the fo	orm. Check this box and submit this form to	the court with your other sched	dules.
<b>√</b> Yes					
	of debt do you have?		and the same through the same distribution is all the	and and an arithmetic and a second	
family, o	or household purpose	e." 11 U.S.C. § 101(8).	mer debts are those "incurred by an individu Fill out lines 8-9g for statistical purposes. 2	al primarily for a personal, 8 U.S.C. § 159.	
☐ Your de	ebts are not primarily	/ consumer debts. You	ı have nothing to report on this part of the f	orm. Check this box and submi	t
	m to the court with yo				
8. From the S	tatement of Your Cu	rrent Monthly Income: 122B Line 11; OR, For	Copy your total current monthly income from 122C-1 Line 14	om Official	\$10,189.00
TOTTI TZZA	T Line 11, OK, I omi	TZZB Line 11, OK, 1 of	111 1220 1 Ellio 14.		
9. Copy the fo	ollowing special cate	gories of claims from	Part 4, line 6 of Schedule E/F:		
.,	<b>.</b>		,		
				Total claim	
From Do	rt 4 on Sobodulo E/E	converted followings			
FIOIII Fa	rt 4 on Schedule E/F	, copy the following:			
9a Dome	stic support obligation	ns (Conv line 6a )		\$0.00	
Ja. Donie	suc support obligation	ns (copy line da.)		Ψ0.00	
01. T	and a set state of the set deal	lete and the second		<b>****</b>	
9b. Taxes	and certain other de	bts you owe the goverr	iment. (Copy line 6b.)	\$28,000.00	
9c. Claims	s for death or person	al injury while you were	e intoxicated. (Copy line 6c.)	\$0.00	
9d. Stude	nt loans. (Copy line 6	if.)		\$199,890.00	
9e.Obliga	tions arising out of a	separation agreement	or divorce that you did not report as priority	\$0.00	
claims.	. (Copy line 6g.)				
9f. Debts	to pension or profit-sl	haring plans, and other	similar debts. (Copy line 6h.)	+\$0.00	
					]
9g. <b>Total</b> .	Add lines 9a through	9f.		\$227,890.00	
3				,	

Fill in this informatio	n to identify your case			
Debtor 1	Johnny	D	Franklin	
	First Name	Middle Name	Last Name	
Debtor 2	Laketra	М	Franklin	
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bank	cruptcy Court for the:	Sout	hern District of	Mississippi
Case number				
(if known)				

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	OT an attorney to help you fill out bankruptcy forms?
☑No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have re	ead the summary and schedules filed with this declaration and that they are true and correct.
Johnny D Franklin, Debtor 1	Laketra M Franklin, Debtor 2
Date 03/28/2025 MM/ DD/ YYYY	Date 03/28/2025 MM/ DD/ YYYY

Fill in this information	to identify your case:	:		
Debtor 1	_Johnny	D	Franklin	
	First Name	Middle Name	Last Name	
Debtor 2	Laketra	М	Franklin	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	Sout	hern District of	Mississippi
Case number				
(if known)				

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

<ul><li>✓ Married</li><li>☐ Not married</li></ul>					
□ No	3 years, have you lived anywher	•			
Debtor 1:		Dates Debtor 1 live there	d Debtor 2:		Dates Debtor 2 lived there
1008 amelia S Number Street  Clayton, NC 2  City	Station way 104  27520  State ZIP Code	Purchased current MS home in 2021  Moved into MS home To June 2024	Same as Debtor 1  Number Street  City	State ZIP Code	From To
Number Street		_ From To	Same as Debtor 1  Number Street		Same as Debtor 1  From To
City	State ZIP Code	_	City	State ZIP Code	_
erritories include A	B years, did you ever live with a Arizona, California, Idaho, Louisians ure you fill out Schedule H: Your	ana, Nevada, New Mex	ico, Puerto Rico, Texas, Wash		munity property states ar

Franklin Debtor 1 Johnny D Debtor 2 **Franklin** Laketra M Case number (if known) \_\_\_ Middle Name Last Name First Name Part 2: Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross Income** Sources of income **Gross Income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, commissions, From January 1 of current year until the \$19,357.00 bonuses, tips bonuses, tips date you filed for bankruptcy: Operating a business Operating a business ✓ Wages, commissions, ■ Wages, commissions, For last calendar year: Est \$124,156.65 bonuses, tips bonuses, tips (January 1 to December 31, 2024 Operating a business Operating a business ✓ Wages, commissions, ■ Wages, commissions, For the calendar year before that: \$158,728.00 bonuses, tips bonuses, tips (January 1 to December 31, 2023 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from **Gross Income from** each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2024 For the calendar year before that: (January 1 to December 31, 2023

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 58 of 73

Franklin Debtor 1 Johnny D Debtor 2 **Franklin** Laketra M Case number (if known) \_ Middle Name First Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more? ☐ No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ☐ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other — City State ZIP Code 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. **√** No Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment Insider's Name Number Street City State ZIP Code

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 59 of 73

	Laketra First Name	<b>M</b> Middle Nam	Franklin  Last Name		_ Case	e number <i>(if know</i>	m)
			cy, did you make any p	payments or transfer	any property on acc	ount of a debt th	nat benefited an inside
clude paymei <b>√</b> 1No	nts on debts gua	aranteed or cosi	gned by an insider.				
	all navments the	at benefited an in	seidor				
Tes. List a	an payments tha	it benented an in		Total amount paid	Amount vou otill	December for t	hio novement
			Dates of payment	Total amount paid	Amount you still owe	Include credi	tor's name
Insider's Name							
Number Str	reet						
City	State	e ZIP Code	_				
Within 1 yea st all such ma entract dispute	r before you file	ed for bankrupto	essions, and Forec cy, were you a party in cases, small claims act	any lawsuit, court a	ction, or administrati	ive proceeding? ctions, support o	r custody modification
Within 1 yea	r before you file atters, including es.	ed for bankrupto personal injury o	cy, were you a party in	any lawsuit, court a ions, divorces, collec	tion suits, paternity a	ive proceeding? ctions, support o	r custody modifications
Within 1 yea st all such ma ontract dispute	r before you file atters, including es.	ed for bankrupto personal injury o	cy, were you a party in cases, small claims act	any lawsuit, court a ions, divorces, collections divorces collections.	tion suits, paternity a	ctions, support o	r custody modifications  Status of the case
Within 1 yea st all such ma ontract dispute No Yes. Fill in	r before you file atters, including es.  the details.  Franklin v A	ed for bankrupto personal injury o	cy, were you a party in cases, small claims act	any lawsuit, court a ions, divorces, collections and divorces and collections.  Country and the collections are collected as a collection and collection are collected as a collection and collection are collected as a collection and collection are collected as a collection are collected as	irt or agency uit Court fo Lawre	ctions, support o	Status of the case
Within 1 yea st all such ma ontract dispute No Yayes. Fill in	r before you file atters, including es.	ed for bankrupto personal injury o	cy, were you a party in cases, small claims act	any lawsuit, court a ions, divorces, collections and divorces and collections.  Country and the collections are collected as a collection and collection are collected as a collection and collection are collected as a collection and collection are collected as a collection are collected as	irt or agency	ctions, support o	r custody modifications  Status of the case
Within 1 yea st all such ma entract dispute No Yes. Fill in	r before you file atters, including es.  the details.  Franklin v A	ed for bankrupto personal injury o	cy, were you a party in cases, small claims act	any lawsuit, court a ions, divorces, collections and divorces and collections.  Country and the collections are collected as a collection and collection are collected as a collection and collection are collected as a collection and collection are collected as a collection are collected as	ert or agency suit Court fo Lawrenty MS Name	ctions, support o	Status of the case  Pending  On appeal
Within 1 yea st all such ma ontract dispute No Yes. Fill in	r before you file atters, including es.  the details.  Franklin v A	ed for bankrupto personal injury o	cy, were you a party in cases, small claims act	any lawsuit, court a cions, divorces, collections and divorces.  Court Circ Court	urt or agency uit Court fo Lawre nty MS Name er Street	ctions, support o	Status of the case  Pending  On appeal
Within 1 yeast all such manntract disputed No	r before you file atters, including es.  the details.  Franklin v A	ed for bankrupto personal injury of Allstate	cy, were you a party in cases, small claims act	any lawsuit, court a cions, divorces, collect constant and serious	irt or agency  uit Court fo Lawre nty MS  Name  er Street	ence	Status of the case  Pending On appeal Concluded
Within 1 yeast all such manntract disputed No	r before you file atters, including es.  In the details.  Franklin v /	ed for bankrupto personal injury of Allstate	cy, were you a party in cases, small claims act lature of the case Debtors case agains nsurance; Stubbs L	any lawsuit, court a ions, divorces, collections, divorces, collections and collections are consisted as a collection of the collection of	urt or agency uit Court fo Lawre nty MS Name er Street	ence	Status of the case  Pending  On appeal
Within 1 yea st all such ma ontract dispute No Yayes. Fill in	r before you file atters, including es.  In the details.  Franklin v Arr 24-50 / 24-0  Wells Fargo Debtors	Allstate 1076	cy, were you a party in cases, small claims act lature of the case Debtors case agains nsurance; Stubbs L	any lawsuit, court a ions, divorces, collections, divorces, collections and collections are consisted as a collection of the collection of	irt or agency  uit Court fo Lawre nty MS  Name er Street  Sta  nown Court	ence	Status of the case  Pending On appeal Concluded
Within 1 yearst all such maintract disputed No	r before you file atters, including es.  In the details.  Franklin v Arr 24-50 / 24-0  Wells Fargo Debtors	Allstate 1076	cy, were you a party in cases, small claims act lature of the case Debtors case agains nsurance; Stubbs L	any lawsuit, court a ions, divorces, collections, divorces, collections and collections are collected.  Court Court Numb City  t issued  Unk Court	irt or agency  uit Court fo Lawre nty MS  Name er Street  Sta  nown Court	ence	Status of the case  Pending On appeal Concluded  Pending On appeal

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 60 of 73

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 61 of 73 Debtor 1 D Franklin Johnny Debtor 2 Franklin M Laketra Case number (if known) -Middle Name Last Name First Name Describe the property Date Value of the property Wells Fargo Bank May/June \$2,500.00 Creditor's Name 2024 Po Box 1629 Mac#n9286-01y Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Minneapolis, MN 55440-1629 State ZIP Code Property was attached, seized, or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? **√** No Yes. Fill in the details. Describe the action the creditor took Date action was Amount taken Creditor's Name Number ZIP Code City State Last 4 digits of account number: XXXX-\_\_\_\_\_\_\_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a courtappointed receiver, a custodian, or another official? **✓** No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? **√** No ☐ Yes. Fill in the details for each gift.

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 62 of 73 D Franklin Debtor 1 **Johnny** Debtor 2 Franklin Laketra М Case number (if known) \_ First Name Middle Name Last Name Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you \_

14	l. Within 2 years before you filed for bar	kruptcy, did you give any gifts or contributions with a total	value of more than \$600	) to any charity?
	□No			
	$ oldsymbol{4} oldsymbol{4} oldsymbol{7} oldsymbol{9} oldsymbol{7} oldsymbol{9} oldsymbol{7} oldsymbol{9} oldsymbol{7} oldsymbol{9} oldsymbol{7} oldsymbol{9} ol$	contribution.		
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
		title e d'effe vive ere		

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Bethany Baptist Church Charity's Name	tithes/offerings 	monthly	\$530.00
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No

✓ Yes. Fill in the details.

Describe the property you lost and	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		
Roof damage	No insurance coverage - see lawsuit on SOFA & Asset schedules	2024	

Firs	ıketra	M		Franklin Franklin	Casa number /# I	own)
	st Name		Name	Last Name	Case number (if kno	(IIWC
t 7: List Cer	tain Payr	nents or T	ransfers			
				you or anyone else acting on your behalf	pay or transfer any property	y to anyone you consulted
out seeking bar				y petition? or credit counseling agencies for services re	quired in your bankruptcy	
□No	-, -,	F 10, F 2	p p , .	or or one or		
_						
Yes. Fill in the	e details.					
			Description	on and value of any property transferred	Date payment or	Amount of payment
Coxwell Atto Person Who Was			A ( ( =	a Fan	transfer was made	
			Attorney'	s ree	3/20/2025	\$2,000.00
1675 Lakelan Number Street		102	-		<u>0,20,202</u>	<del></del>
Number Street						
			-			
Jackson, MS	39216-48	50				
City	State	ZIP Code				
			_			
F!!	dalar					
Email or website a	ddress					
		t, if Not You				
Person Who Made	the Paymen					
Person Who Made	the Paymen	filed for ban		you or anyone else acting on your behalf	pay or transfer any property	y to anyone who promised
Person Who Made	the Paymen	filed for bani	ake paymer	nts to your creditors?	pay or transfer any property	y to anyone who promised
Person Who Made . Within 1 year I Ip you deal with	the Paymen	filed for bani	ake paymer	nts to your creditors?	pay or transfer any property	y to anyone who promised
Person Who Made  . Within 1 year I elp you deal with o not include any	before you n your credity payment o	filed for bani	ake paymer	nts to your creditors?	pay or transfer any property	y to anyone who promised
Person Who Made  . Within 1 year I elp you deal with o not include any	before you n your credity payment o	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.		
Person Who Made  . Within 1 year I elp you deal with o not include any	before you n your credity payment o	filed for bani	ake paymer at you listed	nts to your creditors?	Date payment or	y to anyone who promised  Amount of payment
Person Who Made  . Within 1 year It blip you deal with b not include any  . No  Yes. Fill in the	e the Paymen before you n your credi y payment o e details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.		
Person Who Made  . Within 1 year It blip you deal with b not include any  . No  Yes. Fill in the	e the Paymen before you n your credi y payment o e details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.	Date payment or	
Person Who Made  . Within 1 year I lip you deal with o not include any  . No  Yes. Fill in the	before you to your credity payment of the details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.	Date payment or	
Person Who Made  . Within 1 year I lip you deal with o not include any  . No  Yes. Fill in the	before you to your credity payment of the details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.	Date payment or	
Person Who Made  . Within 1 year I Ip you deal with o not include any No Yes. Fill in the	before you to your credity payment of the details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.	Date payment or	
Person Who Made  . Within 1 year I lip you deal with o not include any  . No  Yes. Fill in the	before you to your credity payment of the details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.	Date payment or	
Person Who Made  . Within 1 year I Ip you deal with o not include any No Yes. Fill in the	before you to your credity payment of the details.	filed for bani	ake paymer at you listed	nts to your creditors? on line 16.	Date payment or	

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 63 of 73

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 64 of 73 Debtor 1 Johnny D Franklin Debtor 2 M **Franklin** Laketra Case number (if known) \_ Last Name First Name Middle Name Date transfer was Description and value of property Describe any property or payments transferred received or debts paid in exchange made Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you — 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **✓** No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust \_ List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance instrument closed, sold, moved, or before closing or transferred transfer Wells Fargo Bank Name of Financial Institution XXXX-\_\_\_\_\_ **✓** Checking Savings Po Box 1629 Mac#n9286-01y Number Street ☐ Money market Brokerage Other \_ Minneapolis, MN 55440-1629 State ZIP Code

Debtor 1 D Franklin Johnny Debtor 2 Franklin M Laketra Case number (if known) -Last Name First Name Middle Name 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **√**No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have ■ No Name of Financial Institution Name ☐ Yes Number Number Street Street **ZIP Code** City State State **ZIP Code** 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? **✓** No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? ■ No Name of Storage Facility ☐ Yes Street Number Number Street City State **ZIP Code** City State **ZIP Code** Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. □No ✓ Yes. Fill in the details.

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 65 of 73

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 66 of 73 Debtor 1 Johnny D Franklin Debtor 2 **Franklin** Laketra M Case number (if known). Last Name First Name Middle Name Describe the property Value Where is the property? on daughter's wells fargo bank Daughter, Debtor's account Owner's Name Number Street Number Street City ZIP Code State City State **ZIP Code** Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. ■ Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **√**No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Governmental unit Name of site Number Street Number Street City State **ZIP Code** City State **ZIP Code** 25. Have you notified any governmental unit of any release of hazardous material? **√**No Yes. Fill in the details.

25-50443-KMS Dkt 2 Filed 03/28/25 Entered 03/28/25 14:06:39 Page 67 of 73 D Debtor 1 Johnny Franklin Debtor 2 M **Franklin** Laketra Case number (if known) \_ First Name Middle Name Last Name Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Number Street City State **ZIP Code** City State **ZIP Code** 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. **√**No Yes. Fill in the details. Court or agency Nature of the case Status of the case Case title Pending **Court Name** On appeal Concluded Number Street Case number City State **ZIP Code** Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☑ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation ☐ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number HNH Investments LLC dba JK** Do not include Social Security number or ITIN. **Apparels** Drop shipping; No income; open but not Name active

Number

City

Street

State

**ZIP Code** 

Name of accountant or bookkeeper

Dates business existed

To inactive

From 2023

ebtor 1 <b>Johnn</b> ebtor 2 <b>Laketr</b>	-	Frankl Frankl		Case numbe	or (if known)
First Nar	me Middl	le Name Last Nar	ne	Case number	er (ii known)
		ankruptcy, did you give a	financial statement to anyon	e about your busines:	s? Include all financial institutions
reditors, or other part	ties.				
_					
Yes. Fill in the det	ails below.		_		
		Date issued			
Name		MM / DD / YYYY			
Number Street		_			
		_			
City	State ZIP Code	_			
Oity	State Zii Code				
art 12: Sign Below	v				
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Debtor 1	Johnny	D	Franklin	
	First Name	Middle Name	Last Name	
Debtor 2	Laketra	М	Franklin	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	Souti	hern District of Mississi	ippi
Case number				
(if known)				

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List You	ur Creditors Who Have Secured Clair	ns	
For any credito below.	ors that you listed in Part 1 of Schedule D: C	reditors Who Have Claims Secured by Property (Official Form	106D), fill in the information
Identify the cre	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:  Description of property securing debt:	PNC BANK 2021 Chevrolet Suburban	<ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☑ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul>	☑ No ☑ Yes
Creditor's name:  Description of property securing debt:	ONEMAIN 2014 Chevrolet Malibu HHGS -collateral	<ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☑ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul>	☐ No ☑ Yes

Debtor 1 D Franklin **Johnny** Debtor 2 Laketra M **Franklin** Case number (if known). First Name Middle Name Last Name **Additional Page for Part 1 √** No Surrender the property. Creditor's name: **REGIONAL FINANCE** ☐ Yes Retain the property and redeem it. Description of **HHGS** -collateral ☐ Retain the property and enter into a property Reaffirmation Agreement. securing debt: ☐ Retain the property and [explain]: ☐ No ☐ Surrender the property. Creditor's AMERISAVE MTG CORP/DOV name: **√** Yes Retain the property and redeem it. Description of Homestead A Retain the property and enter into a property 935 Jefferson St S Monticello, MS Reaffirmation Agreement. securing debt: 39654-9401 Retain the property and [explain]:

ebtor 1 ebtor 2	Johnny Laketra	D M	Franklin Franklin	
	First Name	Middle Name	Last Name	Case number (if known)
ert 2: List	t Your Unexpired	d Personal Property	Leases	
formation b	elow. Do not list rea	al estate leases. Unexpi		tracts and Unexpired Leases (Official Form 106G), fill in the I in effect; the lease period has not yet ended. You may assume a
Describe	your unexpired per	sonal property leases		Will the lease be assumed?
Lessor's na	ame:			☐ No
Description property:	n of leased			☐ Yes
Lessor's na	ame:			□ No
				☐ Yes
Description property:	n of leased			
Lessor's na	ame:			☐ No
Description property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Description property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Description property:	n of leased			☐ Yes
Lessor's na	ame:			☐ No
Description property:	n of leased			☐ Yes
Lessor's na	ame:			□ No
Description property:	n of leased			☐ Yes
art 3: Sig	n Below			
Under pena		lare that I have indicated	d my intention about any property	y of my estate that secures a debt and any personal
			V	
	nnny D Franklin		/s/ Laketra M Franklin	1
Signatur	e of Debtor 1		Signature of Debtor 2	
	3/28/2025		Date 03/28/2025	_
M	M/ DD/ YYYY		MM/ DD/ YYYY	_

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Southern District of Mississippi

n re	Fra	anklin, Johnny [	)				
	Fra	anklin, Laketra I	М		Case No.	_	
Debtor					Chapter	7	
			DISCLOSURE (	OF COMPENSATION	OF ATTORNEY F	OR DEBTOR	
	comp	ensation paid to	me within one year	Bankr. P. 2016(b), I certify to before the filing of the petities) in contemplation of or in the second contemplation of the petities.	on in bankruptcy, or ag	greed to be paid to m	e, for services rendered
	For le	egal services, I h	nave agreed to accep	t		<u> </u>	\$2,000.00
	Prior	to the filing of th	is statement I have re	eceived			\$2,000.00
	Balan	nce Due				<u> </u>	\$0.00
2.	The s	source of the co	mpensation paid to m	ne was:			
	<b>√</b> D	ebtor	Other (specify)				
3.	The s	source of compe	nsation to be paid to	me is:			
	<b>√</b> D	ebtor	Other (specify)				
	<b>√</b> I law fii	_	d to share the above-	disclosed compensation wi	th any other person ur	nless they are memb	ers and associates of my
	_	=		closed compensation with a er with a list of the names o			-
5.	In ret	urn for the abov	e-disclosed fee, I hav	ve agreed to render legal se	ervice for all aspects of	f the bankruptcy case	e, including:
		Analysis of the bankruptcy;	debtor' s financial situ	uation, and rendering advice	e to the debtor in deter	mining whether to file	e a petition in
	b.	Preparation and	I filing of any petition,	schedules, statements of a	affairs and plan which	may be required;	
	C.	Representation	of the debtor at the n	neeting of creditors and cor	nfirmation hearing, and	I any adjourned hear	ings thereof;
5.	By ag	greement with th	e debtor(s), the abov	re-disclosed fee does not in	clude the following ser	rvices:	
	stay a	actions, tax disc	harge matters, stude	harge, audits, 2004 exams, nt loans, stay violations, co bebtor agrees that Attorney	nsumer litigation, and	other matters listed in	n the Bankruptcy Service

handling expense of \$1.00 for each item noticed to creditors subject to court approval.

B2030 (Form 2030) (12/15)

#### **CERTIFICATION**

Date:	03/28/2025	/s/ Johnny D Franklin
		Johnny D Franklin
		/s/ Laketra M Franklin
		l aketra M Franklin